

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000017574

FILED  
Apr 26, 2011  
Secretary of State

**Entity Name:** DETECTALARM USA, CORPORATION

**Current Principal Place of Business:**

5960 NW 99 AVE  
UNIT 1  
MIAMI, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

5960 NW 99 AVENUE  
UNIT 1  
MIAMI, FL 33178

**New Mailing Address:**

**FEI Number:** 03-0388518

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MONEY TRUST  
14335 SW 120 STREET  
108  
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

MOGOLLON, GUSTAVO A SR.  
6853 NW 113TH PL.  
DORAL, FL 33178 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** GUSTAVO MOGOLLON

04/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** MOGOLLON, ALEXIS  
**Address:** 5960 NW 99 AVE UNIT 1  
**City-St-Zip:** MIAMI, FL 33178

**Title:** P  
**Name:** MOGOLLON, GUSTAVO  
**Address:** 5960 NW 99 AVE UNIT 1  
**City-St-Zip:** MIAMI, FL 33178

**Title:** VP  
**Name:** ARAUJO, NORA  
**Address:** 5960 NW 99 AVE UNTI 1  
**City-St-Zip:** MIAMI, FL 33178

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** GUSTAVO MOGOLLON

D

04/26/2011

Electronic Signature of Signing Officer or Director

Date