Property &

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 20, 2004 8:00 am Secretary of State

DOCUMENT # P03000038193 1. Entity Name VALARM, INC.							04-26-2004 90:	508 041 ***	*130.00	
Principal Place of Business Malling Address										
3191 CORAL WAY			3191 CORAL WAY			C	6423001			
SUITE 303			SUITE 303			יס,	0.429.001			
MIAMI, FL 33145			MIAMI, FL 33145	MIAMI, FL 33145		1 10 9 N OF 1 11	SOIDE WITH BENLOOMS DONE DESCRIPTION	N ANNO AIRIO ANDO IM	TD) U 1781	
2. Principal Place of Business			3. Mailing Address	3. Mailing Address						
Suite, Apt. #. etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc			01152004 Chg-P CR2E034 (10/03)			
City & State		City & State			4. FEI Number	110.00	No	plied For Applicable		
Zip	Country		Zip	Zip Count		5. Certificate of Status Desired 58.75 Additional Fee Required				
	6 Name	and Address of Curr	ot Registered Acent	<u> </u>		7. Name and	Address of New Registers			
6. Name and Address of Current Registered Agent					Name					
KLEIN, BR	ENT-D	~~		ł						
801 BRICKELL AVENUE					Street Address (P.O. Box Number is Not Acceptable)					
SUITE 1901							· · · · · · · · · · · · · · · · · · ·			
MIAMI, FL 33131					City		F	Zip Code	;	
8. 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. i am familiar with, and accept the obligations of registered agent.										
SIGNATURE										
SIGNATURE	Signature, typed	or printed name of regulatered ag	pers and time of applicable.	(NOTE: Registere	d Agent signature required	d when renatating)	DAT	E		
				٠		.00. –				
FILE NOW!!! FEE IS \$150.00 9-Election Compaign Financing \$5:00 May Bo After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees										
10.		OFFICERS A	ND DIRECTORS	11.		ADDITIONS	CHANGES TO OFFICERS A	ND DIRECTORS	5 IN 11	
TITLE	D		Delete	m				☐ Change	Addition	
NAME OTRES ADDRESS					EET ADORESS				i	
STREET ADDRESS CITY-ST-ZIP	MIAMI, FI			· ·· City-						
	<u> </u>	L 33 143		1171				C Chance	C Addition	
TITLE NAME					t			☐ Change	Addition	
STREET ADDRESS	1	RAL WAY #303			EET ADDRESS				.	
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NAME				NAM					,	
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STREET ADDRESS CITY-ST-ZIP	}	•	~	R	r-ST-ZP	-			Ţ	
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NAME	1		•	NAY.	AE				İ	
STREET ADDRESS				3	EET ADORESS		•		į	
CITY-ST-ZIP	<u> </u>	<u>/</u>			r-SI-ZIP					
12. I hereby	certify that the	ne Information supplied	with this filing does not qual	lify for the exc	emption stated in Seture shall have the	ection 119.07(3) same legal effe	(i), Florida Statutes. I further ct as if made under oath: the	certify that the i	nformation or director	
12. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental jeptor is true and accurate and that my 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 trustife empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if										
changed, or on an attachment with an afforess, with all other like empowered.										
SIGNAT	TURE:	174	\sim)	
		SIGNATURE AND TYPED	OR PARTED NAME OF SIGNING OF	THEER OR DIFFE	тон		Cate	Daytene Phone #		