2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000038193

Entity Name: VALARM, INC.

FILED Jan 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2600 DOUGLAS RD 3401 NW 82 AVE SUITE 400 SUITE 350 CORAL GABLES, FL 33134 DORAL, FL 33122

Current Mailing Address: New Mailing Address:

2600 DOUGLAS RD 3401 NW 82 AVE SUITE 400 SUITE 350 CORAL GABLES, FL 33134 DORAL, FL 33122

FEI Number: 47-1192076 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MARTINEZ, ROBERTO E CRUZ, CONSUELO P 2600 DOUGLAS RD 3401 NW 82 AVE SUITE 400 SUITE 350 CORAL GABLES, FL 33134 US DORAL, FL 33122 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: CONNIE CRUZ 01/30/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ARMAS, JOSE ARMAS, JOSE Name: Name:

3191 CORAL WAY #303 Address: 3401 NW 82 AVE SUITE 350 Address:

DORAL, FL 33122 City-St-Zip: MIAMI, FL 33145 City-St-Zip:

Title: Title: () Delete (X) Change () Addition VALVERDE, FERNANDO J Name: VALVERDE, FERNANDO J Name: 2600 DOUGLAS RD SUITE 400 3401 NW 82 AVE SUITE 350 Address: Address:

CORAL GABLES, FL 33134 DORAL, FL 33122 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition MARTINEZ, ROBERTO E Name: MARTINEZ, ROBERTO E Name: 2600 DOUGLAS RD SUITE 400 Address: 3401 NW 82 AVE SUITE 350 Address:

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: DORAL, FL 33122

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSE ARMAS 01/30/2008 MR