

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90453 022 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |                                 |                                                                                     |                                                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000114469</b><br>1. Entry Name<br><b>CONTRALARMA GROUP, CORP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |                                 |                                                                                     |                                  |  |
| Principal Place of Business<br><b>347 SW 206TH AVE<br/>PEMBROKE PINES, FL 33029</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                 | Mailing Address<br><b>12956 SW 133RD CT.<br/>B<br/>MIAMI, FL 33186</b>              |                                                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                                           |                                                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                 | City & State                                                                        |                                                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     | Country                         |                                                                                     | Zip                                                                                                               |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     | Country                         |                                                                                     | 4. FEI Number<br><b>20-0307383</b>                                                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                                 |                                                                                     | Applied For<br>No: Applicable                                                                                     |  |
| 6. Name and Address of Current Registered Agent<br><b>COLARICH, AMBRA<br/>347 SW 206TH AVE<br/>PEMBROKE PINES, FL 33029</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     |                                 |                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.<br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>                                                                                                                                                                                                                                       |                                                                                     |                                 |                                                                                     | DATE _____                                                                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                   |  |
| <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                                 |                                                                                     |                                                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                               |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DP<br>COLARICH, AMBRA<br>347 SW 206TH AVE<br>PEMBROKE PINES, FL 33029               | <input type="checkbox"/> Delete |                                                                                     |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | VD<br>COLARICH, GUISEPPE B<br>782 QUINCE ORCHARD BLVD #202<br>GAITHERBURG, MD 20878 | <input type="checkbox"/> Delete |                                                                                     |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STD<br>VARGAS, SIMON A<br>347 SW 206TH AVE<br>PEMBROKE PINES, FL 33029              | <input type="checkbox"/> Delete |                                                                                     |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                     |                                 |                                                                                     |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                     |                                 |                                                                                     |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                     |                                 |                                                                                     |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                     |                                 |                                                                                     |                                                                                                                   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report 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 trustee 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 address, with all other like empowered. |                                                                                     |                                 |                                                                                     |                                                                                                                   |  |
| SIGNATURE: <u>Ambra Colarich</u> <span style="float: right;">4-28-05</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                     |                                 |                                                                                     |                                                                                                                   |  |