

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000031094

1. Entity Name
**SECURITY ALARM COMMUNICATION TECHNOLOGIES,
INC.**



Principal Place of Business
**13311 SW 135 AVENUE
MIAMI, FL 33186**

Mailing Address
**13311 SW 135 AVENUE
MIAMI, FL 33186**



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0750573

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PELAEZ, FERNANDO
11640 SW 127 ST
MIAMI, FL 33176**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME PELAEZ, FERNANDO
STREET ADDRESS 11640 SW 127 ST
CITY-ST-ZIP MIAMI, FL 33176

TITLE VS
NAME ARNOLD, BERTA
STREET ADDRESS 11640 SW 127 ST
CITY-ST-ZIP MIAMI, FL 33176

TITLE V
NAME CAGLIANONE, JOHN JR.
STREET ADDRESS 13311 SW 135TH AVENUE
CITY-ST-ZIP MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000598201
01/23/07-80069-023 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/07 (305) 971-3573
Date Daytime Phone #