

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 17, 2008 08:00 A**  
**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



01072008 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000860917  
04/02/08-80081-019 150.00

**DO NOT WRITE  
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

3/13/08

Date

Daytime Phone #