

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90001 030 ***150.00

54021321



DOCUMENT # P93000004481
 1. Entity Name
 TECHNO ALARM CORP.



Principal Place of Business
 2623 W. 70TH ST.
 HIALEAH, FL 33016

Mailing Address
 2623 W. 70TH ST.
 HIALEAH, FL 33016

2. Principal Place of Business
 4315 NW 75th St.
 Suite, Apt. #, etc.
 Suite 45

3. Mailing Address
 4315 NW 75th St.
 Suite, Apt. #, etc.
 Suite 45

City & State
 MIAMI FL.

City & State
 MIAMI FL.

Zip
 33126

Country
 USA

03022004 Chg-P CR2E034 (10/03)

4. FEI Number
 65-0382224

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FRAGA, KELLY
 2623 W. 70TH ST.
 HIALEAH, FL 33016

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FRAGA, KELLY	
STREET ADDRESS	2623 W. 70TH ST.	
CITY-ST-ZIP	HIALEAH, FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, MAURIEL	
STREET ADDRESS	15122 SW 149 COURT	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR