

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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 **3. Mailing Address**

Suite, Apt. #, etc.

4. FEI Number **65-0382224**

Applied For  
Not Applicable

City & State

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

Zip

Country

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

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

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

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, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **FRAGA, KELLY**  
STREET ADDRESS **2623 W. 70TH ST.**  
CITY-ST-ZIP **HIALEAH FL**

Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P**  Change  Addition  
NAME **FRAGA, KELLY**  
STREET ADDRESS **2623 W. 70TH ST.**  
CITY-ST-ZIP **HIALEAH FL**

TITLE **VP**  
NAME **FRAGA, MARIXA**  
STREET ADDRESS **2623 WEST 70TH STREET**  
CITY-ST-ZIP **HIALEAH FL**

Delete

TITLE **VP**  Change  Addition  
NAME **FRAGA, MARIXA**  
STREET ADDRESS **2623 WEST 70TH STREET**  
CITY-ST-ZIP **HIALEAH FL**

TITLE **S**  
NAME **FERNANDEZ, MAURIEL**  
STREET ADDRESS **15122 SW 149 COURT**  
CITY-ST-ZIP **MIAMI FL 33196**

Delete

TITLE **VP**  Change  Addition  
NAME **FERNANDEZ, MAURIEL**  
STREET ADDRESS **15122 SW 149 COURT**  
CITY-ST-ZIP **MIAMI FL 33196**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE **VP**  Change  Addition  
NAME **FERNANDEZ, MAURIEL**  
STREET ADDRESS **15122 SW 149 COURT**  
CITY-ST-ZIP **MIAMI FL 33196**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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Delete

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CITY-ST-ZIP **MIAMI FL 33196**

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: *[Signature]* REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)