


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90015 033 ***150.00

DOCUMENT # P94000034430					
1. Entity Name ADELPHIA MONITORING ALARM SYSTEMS CORPORATION					
Principal Place of Business 13380 SW 128 ST MIAMI, FL 33186			Mailing Address 13380 SW 128 ST MIAMI, FL 33186		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0503283	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VELAZCO, MARIO 13453 SW 62 ST. #1 MIAMI, FL 33165			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VS	NAME VELAZCO, MARIO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 13453 SW 62 ST #1	CITY - ST - ZIP MIAMI, FL 33183		NAME	STREET ADDRESS	
TITLE SD	NAME VELAZCO, MAITEE	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 13380 SW 128 ST	CITY - ST - ZIP MIAMI, FL 33186		STREET ADDRESS	CITY - ST - ZIP	
TITLE SD	NAME VELAZCO, MIGUEL	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 13453 SW 623 ST #1	CITY - ST - ZIP MIAMI, FL 33183		STREET ADDRESS	CITY - ST - ZIP	
TITLE VT	NAME VELAZCO, TERESA	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 13453 SW 62 ST #1	CITY - ST - ZIP MIAMI, FL 33183		STREET ADDRESS	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP	<input type="checkbox"/> Delete		CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, name or other like empowered.					
SIGNATURE: _____			MARIO VELAZCO		
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			05/12/05 (305) 969-3969		
Date			Daytime Phone #		