

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2006 08:00 AM**  
**Secretary of State**

|   |                                       |                                 |   |                                       |   |
|---|---------------------------------------|---------------------------------|---|---------------------------------------|---|
| <b>DOCUMENT # P94000034430</b>  |                                       |                                 |   |                                       |   |
| <b>1. Entity Name</b><br>ADELPHIA MONITORING ALARM SYSTEMS CORPORATION  |                                       |                                 |   |                                       |   |
| <b>Principal Place of Business</b><br>13380 SW 128 ST<br>MIAMI, FL 33186  |                                       |                                 | <b>Mailing Address</b><br>13380 SW 128 ST<br>MIAMI, FL 33186  |                                       |   |
| <b>2. Principal Place of Business</b>   |                                       | <b>3. Mailing Address</b>       |   |                                       |   |
| Suite, Apt. #, etc.   |                                       | Suite, Apt. #, etc.             |   |                                       |   |
| City & State  |                                       | City & State                    |   |                                       |   |
| Zip   | Country                               | Zip                             | Country   | <b>4. FEI Number</b><br>65-0503283    |   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |                                       |                                 |   | <b>\$8.75 Additional Fee Required</b> |   |
| <b>6. Name and Address of Current Registered Agent</b>  |                                       |                                 | <b>7. Name and Address of New Registered Agent</b>  |                                       |   |
| VELAZCO, MARIO<br>13453 SW 62 ST #1<br>MIAMI, FL 33165  |                                       |                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |                                       |   |
| <b>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.</b>  |                                       |                                 |   |                                       |   |
| SIGNATURE   |                                       |                                 | DATE <span style="font-size: 1.2em;">05-25-06</span>  |                                       |   |
| (NOTE: Registered Agent signature required when reinstating)  |                                       |                                 | DATE  |                                       |   |
| <b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>   |                                       |                                 | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                 |                                       |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |                                       |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |                                       |   |
| <b>TITLE</b><br>VS  | <b>NAME</b><br>VELAZCO, MARIO         | <input type="checkbox"/> Delete | <b>TITLE</b><br>  | <b>NAME</b><br>                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b><br>13453 SW 62 ST #1  | <b>CITY-ST-ZIP</b><br>MIAMI, FL 33183 |                                 | <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>                |   |
| <b>TITLE</b><br>SD  | <b>NAME</b><br>VELAZCO, MAITEE        | <input type="checkbox"/> Delete | <b>TITLE</b><br>  | <b>NAME</b><br>                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b><br>13380 SW 128 ST  | <b>CITY-ST-ZIP</b><br>MIAMI, FL 33186 |                                 | <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>                |   |
| <b>TITLE</b><br>SD  | <b>NAME</b><br>VELAZCO, MIGUEL        | <input type="checkbox"/> Delete | <b>TITLE</b><br>  | <b>NAME</b><br>                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b><br>13453 SW 623 ST #1   | <b>CITY-ST-ZIP</b><br>MIAMI, FL 33183 |                                 | <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>                |   |
| <b>TITLE</b><br>VT  | <b>NAME</b><br>VELAZCO, TERESA        | <input type="checkbox"/> Delete | <b>TITLE</b><br>  | <b>NAME</b><br>                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b><br>13453 SW 62 ST #1  | <b>CITY-ST-ZIP</b><br>MIAMI, FL 33183 |                                 | <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>                |   |
| <b>TITLE</b><br>  | <b>NAME</b><br>                       | <input type="checkbox"/> Delete | <b>TITLE</b><br>  | <b>NAME</b><br>                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>                |                                 | <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>                |   |
| <b>TITLE</b><br>  | <b>NAME</b><br>                       | <input type="checkbox"/> Delete | <b>TITLE</b><br>  | <b>NAME</b><br>                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>                |                                 | <b>STREET ADDRESS</b><br>   | <b>CITY-ST-ZIP</b><br>                |   |
| <b>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 authority like empowered.</b> |                                       |                                 |   |                                       |   |
| <b>SIGNATURE:</b>   |                                       |                                 | <b>DATE:</b> 05-25-06 <b>DAYTIME PHONE #:</b> (305) 223-1090  |                                       |   |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                                       |                                 |   |                                       |   |