

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000038356

1. Entity Name
ALARMAX INC.



Principal Place of Business
**PO BOX 825901
 SOUTH FLORIDA, FL 33082-5901 US**

Mailing Address
**19411 NW 7 STREET
 PEMBROKE PINES, FL 33029**



03232006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0608707** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTINEZ, NIDIA ELENA
 19411 NW 7 STREET
 PEMBROKE PINES, FL 33029**

**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PTD**
 NAME **MARTINEZ, ANDRE**
 STREET ADDRESS **19411 NW 7 STREET**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33029**

TITLE **V**
 NAME **MARTINEZ, NIDIA ELENA**
 STREET ADDRESS **19411 NW 7 STREET**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33029**

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100000482845
 04/11/06-80093-020 150.00

**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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andre Martinez
ANDRE MARTINEZ

3-23-06 954 4355164

Date

Daytime Phone #