

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000038356

FILED
Apr 23, 2008
Secretary of State

Entity Name: ALARMAX INC.

Current Principal Place of Business:

PO BOX 825901
SOUTH FLORIDA, FL 330825901 US

New Principal Place of Business:

19411 NW 7 STREET
PEMBROKE PINES, FL 33029 US

Current Mailing Address:

19411 NW 7 STREET
PEMBROKE PINES, FL 33029

New Mailing Address:

P.O BOX 825901
SOUTH FLORIDA, FL 33082

FEI Number: 65-0608707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: MARTINEZ, ANDRE
Address: 19411 NW 7 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: V () Delete
Name: MARTINEZ, NIDIA ELENA
Address: 19411 NW 7 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRE MARTINEZ

PTD

04/23/2008

Electronic Signature of Signing Officer or Director

_____ Date