FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000010676

ALARMING WALLETS, INC.

FILED Jan 30, 2003 8:00 am Secretary of State

01-30-2003 90118 030 ***150.00

DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address					10016118				
	0 STIRLING ROAD	1210 STIRL Suite, Apt. #, et	1210 STIRLING ROAD Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State DA	NIA, FL	City & State DANIA, FL				4. FEI Number Applied For 65-0637625 Not Applicable			
Zip* 330	004 Country USA	33804	Çounti USA	Country USA		5. Certificate of Status Desired \$8.75 Additional Fee Required			
•,			The state of the s	Name SHII	7. Name a	and Address of Current Re	egistered A	gent	
DO NOT WRITE IN THIS SPACE				Street Address (P.O. Box Number is Not Acceptable) 1210 STIRLING ROAD, BAY 8A					
				City DAN	NIA		FL	Zip Code 33004	
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 registerial agentand title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
^	uary 1 - May 1 Fee Is \$150.00 After May 1, Fee Is \$50.00 Amended UBR is \$61.25 Payable to Florida Departmen		(NOTE: Neglistaeu			Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	·	AND DIRECTORS	37.5	Mary at La	a vilas i propin		Arra Sara Call	Magazina di Santa di Kanada	
TITLE NAME STREET ADDRESS	CEO ALFRED A. KNIBERG 21716 HAMMOCK POIN	T DRIVE	NAME STREE	T ADDRESS					
CITY-ST-ZIP	BOCA RATON, FL 33433	3	CITY	ST-ZIP		is the same of the	PER PERMIT		
TITLE NAME	SHIMON FHIMA		TITLE NAME				VIII.		
STREET ADDRESS CITY-ST-ZIP	11581 TARA DRIVE PLANTATION, FL 33325	<i>t</i>	1. Jan. 160	T ADDRESS ST-ZIP				A CHARLES OF THE CONTROL OF THE CONT	
TITLE NAME	ESTER FHIMA		TITLE NAME				and A project		
STREET ADDRESS CITY-ST-ZIP	11581 TARA DRIVE PLANTATION, FL 33325		STREE	T ADDRESS ST-ZIP		DO NOT V	VRIT	Ė	
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STREET ADDRESS CITY-ST-ZIP			11 4 4 4	ADDRESS	AND THE STREET		er er er er er er		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Service and the service and th	T ADDRESS*					
TITLE NAME			TITLE NAME	CHICATOR OF THE STREET	· 一种 · · · · · · · · · · · · · · · · · ·				
STREET ADDRESS CITY-ST-ZIP				TADORESS ST-ZIP	À				
12. I hereby ce	rtify that the information supplied	with this filing does not g	ualify for the exem	option stated in S	Section 119.0	7(3)(i). Florida Statutes. I fu	rther certify	that the information	

12. I hereby certify that the information supplied with this filing does not quality 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 on an attachment with an address, with all other like empowered.

SIGNATURE: ____

ALFRED A. KNIBERG
SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

954-924-3553

Daytime Phone #

Date

R2E034B (12)