

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000025803

1. Entity Name
REMOTE RESPONSE CORPORATION



Principal Place of Business
11000 NW 32ND AVENUE
MIAMI, FL 33167

Mailing Address
11000 NW 32ND AVENUE
MIAMI, FL 33167

FILED
May 21, 2004 08:00 AM
Secretary of State



03132003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FET Number
65-0823924
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALAMA, SAMUEL M
11000 NW 32 AVE
MIAMI, FL 33167

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SALAMA, ALBERTO M
STREET ADDRESS	401 HOLIDAY DR.
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	T
NAME	SALAMA, SAMUEL M
STREET ADDRESS	19111 COLLINS AVENUE APT. #904
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	S
NAME	SALAMA, ELIAS M
STREET ADDRESS	3804 SW 53RD COURT
CITY-ST-ZIP	HOLLYWOOD, FL 33312
TITLE	V
NAME	BENSABAT, JOSEPH
STREET ADDRESS	3801 NE 207 ST. #807
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/21/04-80002-003 158.75

**DO NOT WRITE
IN THIS SPACE**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alberto M. Salama

05/18/04 305-341-3224

Date

Daytime Phone #