

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000025803

FILED
Apr 29, 2005
Secretary of State

Entity Name: REMOTE RESPONSE CORPORATION

Current Principal Place of Business:

11000 NW 32ND AVENUE
MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

11000 NW 32ND AVENUE
MIAMI, FL 33167

New Mailing Address:

FEI Number: 65-0823924 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SALAMA, SAMUEL M
11000 NW 32 AVE
MIAMI, FL 33167 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: P () Delete
Name: SALAMA, ALBERTO M
Address: 401 HOLIDAY DR.
City-St-Zip: HALLANDALE, FL 33009

Title: T () Delete
Name: SALAMA, SAMUEL M
Address: 19111 COLLINS AVENUE APT. #904
City-St-Zip: AVENTURA, FL 33160

Title: S () Delete
Name: SALAMA, ELIAS M
Address: 3804 SW 53RD COURT
City-St-Zip: HOLLYWOOD, FL 33312

Title: V () Delete
Name: BENSABAT, JOSEPH
Address: 3801 NE 207 ST. #807
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 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: SAMUEL SALAMA

T

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date