

# 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