2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State
02-23-2007 90037 006 ***150.00

DOCUMENT # V41748 1. Entity Name RELIABLE ALARM TECHNOLOGY AND EQUIPMENT, INC.					02-23-2007	90037 000	130.00
Principal Place of Business Mailing Address 4838 NE 12TH AVE FORT LAUDERDALE, FL 33334 FORT LAUDERDALE, FL 33334							
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent					No Chg-P er 12018 of Status Desired	CR2E034 (11/05	Applied For Not Applicable
KRAMER, 4838 N.E.	KENNETH S.	DO NOT WRITE					
FORT LAUDERDALE, FL 33334			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 Rorida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE SHAME I contrag name of regulations agent and side of applicables (INOTE: Programmed Agent eignebure required when namestating) DATE							
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				.00 May Be ed to Fees			
10.	OFFICERS AND DIR	CTORS	1				
NAME STREET ADDRESS CTTY-ST-ZIP	KRAMER, KENNETH S. 4838 NE 12TH AVENUE FORT LAUDERDALE, FL						
ITILE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WE	RITE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			1- 1- 1- 1- 1-				
TITLE HAME STREET ADDRESS CITY-ST-ZIP	1						
12. I hereby of indicated of the cor	certify that the information supplied with this on this report or supplemental report is trupparation or the receiver of trustee empower	filing does for qualify for the exe and accorde and that my signal act to exacute this report as requi	emptions contained ture shall have the red by Chapter 607	l in Chapter 111 same legal elle . Florida Statut	Florida Statutes, I fur as if made under oath s; and that my name a	ther certify that the h; that I am an office opears in Block 10 o	information or director or Block 11 if
12. I hereby certify that the information supplied with this filling does fol qualify for the exemptions contained in Chapter 1.19. Florida Statutes. I further certify that the information indicated on this report or supplier shift is true and except and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of trustee empowered to system this report as required by Chapter 807. 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: Date Date Display Phone #							