

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K62030

**Entity Name:** ALPHA SECURITY & FIRE ALARM SERVICES, INC.

**Current Principal Place of Business:**

5405 NW 102 AVENUE  
BAY #229  
SUNRISE, FL 33351

**Current Mailing Address:**

C/O GERALD E. PINNOCK AND WILMA PINNOCK  
P.O. BOX 121356  
FT.LAUDERDALE, FL 33312 US

**FEI Number:** 65-0101940

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PINNOCK, GERALD E. AND WILMA PINNOCK  
6201 N.W. 12TH COURT  
SUNRISE, FL 33313 US

*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

**Officer/Director Detail :**

Title            CEO  
Name           PINNOCK, GERALD E.  
Address        6201 N.W. 12TH COURT  
City-State-Zip: SUNRISE FL 33313

Title            SECRETARY  
Name           PINNOCK, WILMA  
Address        6201 N.W. 12TH COURT  
City-State-Zip: SUNRISE FL 33313

Title            PRESIDENT  
Name           PINNOCK, BRIAN F  
Address        3920 NW 92 AVENUE  
City-State-Zip: SUNRISE FL 33351

I hereby 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 all other like empowered.

**SIGNATURE:** BRIAN PINNOCK

**PRESIDENT**

**04/14/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date