


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90208 010 ***150.00

DOCUMENT #647546	
1. Entity Name FIRC DEVCO, INC.	

Principal Place of Business 2299 DOUGLAS ROAD 4TH FLOOR MIAMI, FL 33145	Mailing Address 2299 DOUGLAS ROAD 4TH FLOOR MIAMI, FL 33145
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2. Principal Place of Business - No P.O. Box # 2665 S. Bayshore Dr.	3. Mailing Address 2665 S. Bayshore Dr.
Suite, Apt. #, etc. Suite # 302	Suite, Apt. #, etc. Suite # 302
City & State Coconut Grove, FL	City & State Coconut Grove, FL
Zip 33133	Country USA

40071001



01182007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1955546	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
MURAI, RENE V., ESQUIRE 900 INGRAHAM BUILDING 25 S.E. 2ND AVENUE MIAMI, FL 33131	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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.

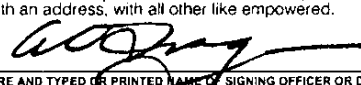
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FRAGA, ANTONIO O 2299 DOUGLAS RD 4TH FL MIAMI, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FRAGA, ALEXANDER W 2299 DOUGLAS RD., 4TH FLOOR MIAMI, FL 33145 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FREYRE, ANDRE 2299 DOUGLAS RD., 4TH FLOOR MIAMI, FL 33145 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Fraga, Antonio O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2665 S. Bayshore Drive, Suite #302 Coconut Grove, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Fraga, Alexander W <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2665 S. Bayshore Dr. Suite #302 Coconut Grove, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  4/9/07 (305) 860-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #