

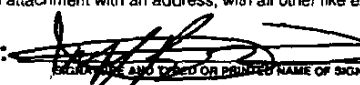


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90015 042 \*\*\*150.00

<b>DOCUMENT # J73752</b> 1. Entity Name <b>FIRE SPRINKLER DESIGN GROUP, INC.</b>					
Principal Place of Business <b>% ANGEL REYES</b> <b>13285 S.W. 103RD TERRACE</b> <b>MIAMI FL 33186</b>			Mailing Address <b>% ANGEL REYES</b> <b>13285 S.W. 103RD TERRACE</b> <b>MIAMI FL 33186</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>66405644</b> 	
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-2822726</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				<b>MOORE</b> <b>CR2E034 (11/03)</b>	
6. Name and Address of Current Registered Agent <b>REYES, ANGEL</b> <b>13285 S.W. 103RD TERRACE</b> <b>MIAMI FL 33186</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 re-registering)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME <input type="checkbox"/> Delete <b>REYES, ANGEL</b> STREET ADDRESS <b>13285 S.W. 103 TERRACE</b> CITY-ST-ZIP <b>MIAMI FL</b>			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete <b>REYES, NEYDA</b> STREET ADDRESS <b>13285 S.W. 103 TERRACE</b> CITY-ST-ZIP <b>MIAMI FL</b>			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete  STREET ADDRESS CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME <input type="checkbox"/> Delete  STREET ADDRESS CITY-ST-ZIP			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b>  <b>PRESIDENT</b> <b>ANGEL REYES</b> <b>3-2-04</b> <b>305-386-7031</b> <small>Signature and typed or printed name of signing officer or director      Date      Daytime Phone #</small>					