

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000075418

1. Entity Name
FIRESTONE CAPITAL MANAGEMENT, INC.



Principal Place of Business
1500 SAN REMO AVE
STE 210
CORAL GABLES, FL 33146 US

Mailing Address
1500 SAN REMO AVE
210
CORAL GABLES, FL 33146 US



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0777564

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIRESTONE, JACK M
7841 SW 50TH CT.
MIAMI, FL 33143

**DO NOT WRITE
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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FIRESTONE, JACK M
STREET ADDRESS 7841 SW 50TH CT.
CITY-ST-ZIP MIAMI, FL 33143

TITLE VPD
NAME KAUFMAN, CAROL
STREET ADDRESS 8541 SW 145TH ST
CITY-ST-ZIP MIAMI, FL 33158

TITLE S
NAME FIRESTONE, JACK M
STREET ADDRESS 7841 SW 50 CTQ
CITY-ST-ZIP MIAMI, FL 33143

TITLE T
NAME KAUFMAN, CAROL
STREET ADDRESS 8541 SW 145 ST
CITY-ST-ZIP MIAMI, FL 33158

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/12/05-80009-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jack M. Firestone President 1/7/05 305-669-2119