

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000076817

**Entity Name:** PFM FIRE CORP

**Current Principal Place of Business:**

11750 NE 16TH AVE  
APT 206  
MIAMI, FL 33161

**FILED**  
**Jan 22, 2018**  
**Secretary of State**  
**CC9790592720**

**Current Mailing Address:**

11750 NE 16TH AVE  
APT 206  
MIAMI, FL 33161 US

**FEI Number:** 32-0451275

**Certificate of Status Desired:** No

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

MARTINEZ, FLAVIA  
11750 NE 16TH AVE  
APT 206  
MIAMI, FL 33161 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 P  
Name MARTINEZ, PEDRO F  
Address 1108 ALEXANDER BND  
City-State-Zip: WESTON FL 33327

Title VP  
Name MARTINEZ, ROBERTO F  
Address 1108 ALEXANDER BND  
City-State-Zip: WESTON FL 33327

Title VP  
Name MARTINEZ, FLAVIA  
Address 1108 ALEXANDER BND  
City-State-Zip: WESTON FL 33327

Title P  
Name MARTINEZ, FLAVIA  
Address 11750 NE 16TH AVE  
APT 206  
City-State-Zip: MIAMI FL 33161

Title VP  
Name MARTINEZ, PEDRO  
Address 9601 FONTAINBLEAU BLVD APT 401  
City-State-Zip: MIAMI FL 33172

Title VP  
Name MARTINEZ, ROBERTO  
Address 9601 FONTAINBLEAU BLVD APT 401  
City-State-Zip: MIAMI FL 33172

Title VP  
Name MARTINEZ, CAROLA  
Address 9601 FONTAINBLEAU BLVD APT 401  
City-State-Zip: MAIMI FL 33172

*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:** FLAVIA MARTINEZ

P

01/22/2018

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

\_\_\_\_\_  
Date