


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 173061**  
 1. Entity Name  
**MIAMI FIRE EQUIPMENT INC**



Principal Place of Business      Mailing Address  
**C/O VALERIE DEVILLE**      **C/O VALERIE DEVILLE**  
**150 SW 27 AVENUE**      **150 SW 27 AVENUE**  
**MIAMI, FL 33135**      **MIAMI, FL 33135**

**DO NOT WRITE IN THIS SPACE**



01302006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-0752345**      {Not Applicable}

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

6. Name and Address of Current Registered Agent  
**DEVILLE, VALERIE**  
**150 S.W. 27TH AVE.**  
**MIAMI, FL 33135**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEVILLE, VALERIE
STREET ADDRESS	10900 SW 92 AVENUE
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	V
NAME	GARCIA, ANTONIO
STREET ADDRESS	C/O VALERIE DEVILLE
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/11/06-80038-001 150.00

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X VALERIE DEVILLE      Date: 3/24/06      Daytime Phone #: 305-642-662