

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90010 026 ***150.00

DOCUMENT # 398236	
1. Entity Name FIRMM CORP	

Principal Place of Business 2711 SW 22 AVE MIAMI FL 33133-3101 US	Mailing Address 2711 SW 22 AVE MIAMI FL 33133-3101 US
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2. Principal Place of Business - No P.O. Box # 4821 Campo Sano Ct.	3. Mailing Address 4821 Campo Sano Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.

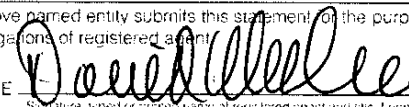
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33146	Zip 33146
Country USA	Country USA



1st MOORE CR2E034 (10/07)

4. FEI Number 59-1409879		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MCCREA, W.S. 2711 SW 22ND AVENUE MIAMI FL 33133		7. Name and Address of New Registered Agent Name David M Crea Street Address (P.O. Box Number is Not Acceptable) 4821 Campo Sano Ct City Coral Gables FL Zip 33146

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.

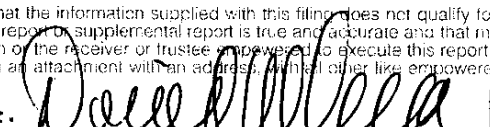
SIGNATURE  DATE **4/20/08**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature requires when reappointing.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCREA, W.S. 2711 SW 22ND AVENUE MIAMI FL 33133 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD David M Crea 4821 Campo Sano Ct Coral Gables, FL 33146 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCREA, DAVID B 4821 CAMPOSANA MIAMI FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Janet M Crea 4821 Campo Sano Ct Coral Gables, FL 33146 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, which I am empowered.

SIGNATURE:  **David M Crea** 4/20/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR