2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 09, 2006 08:00 AM Secretary of State

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Entity Name

INTERNATIONAL FIRE EQUIP. CO.



Principal Place of Business

1695 WEST 39 PLACE UNIT C HIALEAH, FL 33012 Mailing Address

P 0 BOX 127041

HIALEAH, FL 33012 US



DO NOT WRITE IN THIS SPACE

01052006 No Chg-P CR2E

CR2E034 (11/05)

4. FEI Number 59-1705727

Not Applicable

Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOVO, JESUS 590 W. 77TH ST. HIALEAH, FL 33014

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pilons of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept			
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered	Agent signature	required when reinstitting)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campai			cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOVO, JESUS 590 WEST 77 ST. HIALEAH, FL		U00000381535 01/11/06-80058-010 158.75					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NOVO, ISIDORA M 590 WEST 77 ST HIALEAH, FL			•	01/11/06-80058-010 158.75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC NOVO, IVAN J 590 WEST 77 ST HIALEAH, FL		DO NOT WRITE					
TITLE MAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE					
TITLE NAME STREET ADORESS CITY-SI-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								

12. Thereby certify that the information supplied with this filling 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

NATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

1-5-06

305-821-7782

Daytime Phone #