


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 647546**  
 1. Entity Name  
**FIRC DEVCO, INC.**



Principal Place of Business      Mailing Address  
**2299 DOUGLAS ROAD**      **2299 DOUGLAS ROAD**  
**4TH FLOOR**      **4TH FLOOR**  
**MIAMI, FL 33145**      **MIAMI, FL 33145**



07052005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1955546**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MURAI, RENE V., ESQUIRE**  
**900 INGRAHAM BUILDING,**  
**25 S.E. 2ND AVENUE**  
**MIAMI, FL 33131**

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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 file if applicable

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRAGA, ANTONIO O 2299 DOUGLAS RD 4TH FL MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <del>FRAGA</del> ALEXANDER W 2299 DOUGLAS RD., 4TH FLOOR MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FREYRE, ANDRE 2299 DOUGLAS RD., 4TH FLOOR MIAMI, FL 33145
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_      Date: **7/6/05**      Daytime Phone #: **305-443-2508**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR