


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
2007 APR 25 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 651835</b> 1. Entity Name FIRC MANAGEMENT, INC.	
---	---

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



2. Principal Place of Business - No P.O. Box # 2665 S. Bayshore Dr. Suite, Apt. #, etc. Suite # 302 City & State Coconut Grove, FL Zip 33133 Country USA	3. Mailing Address 2665 S. Bayshore Dr. Suite, Apt. #, etc. Suite # 302 City & State Coconut Grove, FL Zip 33133 Country USA
---	---

01182007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent FRAGA, ANTONIO O 2299 DOUGLAS RD. MIAMI, FL 33141	7. Name and Address of New Registered Agent Name Fraga, Antonio O Street Address (P.O. Box Number is Not Acceptable) 2665 S. Bayshore Dr. Suite # 302 City Coconut Grove FL Zip Code 33133
--	---

4. FEI Number 59-1953591	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	-----------------------------

10. OFFICERS AND DIRECTORS	
TITLE PD NAME FRAGA, ANTONIO O STREET ADDRESS 2299 SW 37TH AVE. 4TH FL CITY - ST - ZIP MIAMI, FL	<input type="checkbox"/> Delete
TITLE V NAME FRAGA, ALEXANDER W STREET ADDRESS 2299 SW 37TH AVE 4TH FL CITY - ST - ZIP MIAMI, FL 33145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME Fraga, Antonio O STREET ADDRESS 2665 S. Bayshore Dr., Suite # 302 CITY - ST - ZIP Coconut Grove, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME Fraga, Alexander W STREET ADDRESS 2665 S. Bayshore Dr., Suite # 302 CITY - ST - ZIP Coconut Grove, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: 

4/9/07 (305) 860-2300  
Date Daytime Phone #