


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90020 044 ***158.75

DOCUMENT # 696788					
1. Entity Name F. & R. FIRE PROTECTION SYSTEMS, INC.					
Principal Place of Business 3359 N.W. 154 TERR. MIAMI, FL 33054		Mailing Address 3359 N.W. 154 TERR. MIAMI, FL 33054			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
03142006		Chg-P		CR2E034 (11/05)	
4. FEI Number 59-2471114		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEINTRAUB, ALBERT L. 2250 GW 3RD AVE., 5TH FL. MIAMI, FL 33129			Name Frank Pierson		
			Street Address (P.O. Box Number Is Not Acceptable)		
			3359 NW 154 Terrace		
			City Miami		FL Zip Code 33054
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 <i>Frank Pierson</i>		Frank Pierson, President/Dir		3/15/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERSON, RONALD		NAME	Pierson, Ronald	
STREET ADDRESS	3359 N.W. 154 TERR.		STREET ADDRESS	3359 NW 154 Terrace	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Miami, FL 33054	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, RONALD		NAME		
STREET ADDRESS	3359 N.W. 154 TERR.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERSON, FRANK		NAME	Pierson, Frank	
STREET ADDRESS	3359 N.W. 154 TERR.		STREET ADDRESS	3359 NW 154 Terrace	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Miami, FL 33054	
TITLE		<input type="checkbox"/> Delete	TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Pierson, Brenda	
STREET ADDRESS			STREET ADDRESS	3359 NW 154 Terrace	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33054	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Frank Pierson</i>		Frank Pierson		3/15/06 305-681-9583	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	