

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # G29200

1. Entity Name
FALCON FIRE PROTECTION, INC.



Principal Place of Business

8690 NW 58 STREET
(PO BOX 521073, MIAMI, FL., 33152)
MIAMI, FL 33166

Mailing Address

8690 NW 58 STREET
(PO BOX 521073, MIAMI, FL., 33152)
MIAMI, FL 33166



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2261072	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEBER, KATHLEEN M.
8690 N.W. 58 STREET
MIAMI, FL 33166

**DO NOT WRITE
IN THIS SPACE**

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WEBER, KATHLEEN M
STREET ADDRESS	8690 NW 58 STREET
CITY-ST-ZIP	MIAMI, FL 00000.
TITLE	AS
NAME	CARRERAS, LUIS
STREET ADDRESS	7805 S.W. 88 COURT
CITY-ST-ZIP	MIAMI, FL
TITLE	AS
NAME	WISSOKER, ROBERT
STREET ADDRESS	1433 MEDINA
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Kathleen M Weber Pres. KATHLEEN M. WEBER
PRESIDENT

Date

Daytime Phone #

305
1-14-05 592-6178