

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 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**

**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2261072**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	

UN00000399571  
02/01/06-80018-008 158.75

**DO NOT WRITE  
IN THIS SPACE**

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: Kathleen M. Weber **KATHLEEN M. WEBER**  
PRESIDENT

1-18-06 (305) 592-6178  
Date Daytime Phone #