


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2007 8:00 am
Secretary of State

08-07-2007 90026 015 ***150.00

DOCUMENT # G74822 1. Entity Name FYRSAFE EQUIPMENT INC.																											
Principal Place of Business 1641 W 40 ST P.O. BOX 11-0354 HIALEAH, FL 33012		Mailing Address P.O. BOX 11-0354 HIALEAH, FL 33011-7065																									
2. Principal Place of Business - No P.O. Box # 1641 W 40 ST HIA		3. Mailing Address 1641 W 40 ST																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State HIALEAH FL		City & State HIALEAH FL																									
Zip 33012	Country USA	Zip 33012	Country USA																								
4. FEI Number 59-2726863		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent CANO REINALDO 340 E 2ND ST #3 HIALEAH, FL 33011		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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: <u><i>Reinaldo Cano</i></u> (NOTE: Registered Agent signature required when reinstating) DATE:																											
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.																									
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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: <u><i>Norbert Golebiewski</i></u> VP		Date: <u>8-3-07</u> Daytime Phone #: <u>305 793 3108</u>																									