


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G74822	
1. Entity Name FYRSAFE EQUIPMENT INC.	

Principal Place of Business 1641 W 40 ST HIALEAH, FL 33012	Mailing Address 1641 W 40 ST HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE

FILED
Sep 04, 2008 08:00 AM
Secretary of State

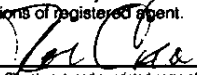


09012008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2726863	Applied For 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
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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: 	REINALDO CANO	8-27-08
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating) DATE</small>

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REINALDO, CANO 340 E 2ND ST #3 HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NORBERT, GOLEBIEWSKI 18800 NE 2ND AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000959056
09/04/08-80004-010 550.00

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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: 	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>