2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # G87474 02-28-2008 90012 002 ***150.00 1. Entity Name FIRC & ASSOCIATES, INC. Principal Place of Business Mailing Address Thosa, .. 2665 S BAYSHORE DR, STE 302 2665 S BAYSHORE DR, STE 302 COCONUT GROVE, FL 33133 US COCONUT GROVE, FL 33133 US 01072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2454592 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MURAI, WALD, BIONDO & MORENO, P.A. DO NOT WRITE 2 ALHAMBRA PLAZA PH-1B CORAL GABLES, FL 33134 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 1S \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME FRAGA, ANTONIO O. STREET ADDRESS 2665 S BAYSHORE DR, STE 302 COCONUT GROVE, FL 33133 CITY-ST-7P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

2/25/2008

305-860-1300

Daytime Phone #

FILED Feb 28, 2008 8:00 am