

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000042986

Entity Name: FIRE COMPANY, INC.

FILED  
Apr 11, 2007  
Secretary of State

## Current Principal Place of Business:

1321 SOUTH DIXIE HWY  
11AE  
POMPAHO BEACH, FL 330608563 US

## Current Mailing Address:

P O BOX 693995  
MIAMI, FL 332693995 US

## New Principal Place of Business:

1950 SE PORT SAINT LUCIE BLVD  
202  
PORT SAINT LUCIE, FL 34952 US

## New Mailing Address:

P O BOX 881777  
PORT SAINT LUCIE, FL 34988 US

FEI Number: 65-1004298

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DE OLIVEIRA, JOSE E  
PO BOX 693995  
MIAMI, FL 332693995 US

## Name and Address of New Registered Agent:

DE OLIVEIRA, JOSE E  
1950 SE PORT SAINT LUCIE BLVD  
202  
PORT SAINT LUCIE, FL 34952 US

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.

SIGNATURE: JOSE EDGARD DEOLIVEIRA

04/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DE OLIVEIRA, JOSE E  
Address: P O BOX 693995  
City-St-Zip: MIAMI, FL 332693995 US

Title: VD ( ) Delete  
Name: ANDRADE, JACQUELINE  
Address: PO BOX 693995  
City-St-Zip: MIAMI, FL 332693995 US

Title: TD ( ) Delete  
Name: NASSO, LUCIANO  
Address: PO BOX 693995  
City-St-Zip: MIAMI, FL 332693995 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DE OLIVEIRA, JOSE E  
Address: P O BOX 881777  
City-St-Zip: PORT SAINT LUCIE, FL 34988 US

Title: VD (X) Change ( ) Addition  
Name: DEOLIVEIRA, ALINE  
Address: PO BOX 881777  
City-St-Zip: PORT SAINT LUCIE, FL 34988 US

Title: TD (X) Change ( ) Addition  
Name: NASSO, LUCIANO  
Address: PO BOX 881777  
City-St-Zip: PORT SAINT LUCIE, FL 34988 US

Title: TD ( ) Change (X) Addition  
Name: ANDRADE, JACQUELINE  
Address: PO BOX 881777  
City-St-Zip: PORT SAINT LUCIE, FL 34988 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE EDGARD DEOLIVEIRA

PD

04/11/2007

Electronic Signature of Signing Officer or Director

Date