


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000121150 1. Entity Name FIRE, LIFE SAFETY, & SECURITY INSTITUTE, INC.		
Principal Place of Business 950 NE 171ST STREET 208 NORTH MIAMI BEACH, FL 33162	Mailing Address 950 NE 171ST STREET 208 NORTH MIAMI BEACH, FL 33162	
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		DO NOT WRITE IN THIS SPACE
9. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FREIHEIT, RICHARD J 950 NE 171ST STREET SUITE 208 NORTH MIAMI BEACH, FL 33162	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP MAMAN, SARAH 950 NE 171ST STREET, SUITE 208 NORTH MIAMI BEACH, FL 33162	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 agent 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>Sarah Maman</u> 27 Apr 2006 954-822-54 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number 14-1859285	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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05/15/06-80053-021 158.75

**DO NOT WRITE
IN THIS SPACE**