

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000092863

1. Entity Name
A.B. FIRESTOP SYSTEMS, INC.



Principal Place of Business
**8401 N BAYSHORE DRIVE
MIAMI, FL 33138**

Mailing Address
**8401 N BAYSHORE DRIVE
MIAMI, FL 33138**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0177312

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AZPIRI, GEORGE A
8401 N BAYSHORE DRIVE
MIAMI, FL 33138**

**DO NOT WRITE
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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
AZPIRI, GEORGE A
8401 N BAYSHORE DRIVE
MIAMI, FL 33138**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
AZPIRI, WILDEMIR
3604 NW 100 ST
MIAMI, FL 33147**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
AZPIRI, ASLAM
8401 N BAYSHORE DRIVE
MIAMI, FL 33138**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000535886
05/08/06-80068-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George A. Azpriet

4/26/06

(305) 297-0071

Daytime Phone #