

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

03-24-2005 90024 030 ***150.00

DOCUMENT # P04000041371 1. Entity Name CUSTOM FIREBOX DESIGN INC.					
Principal Place of Business 8541 G. BOCA GLADES BLVD. G BOCA RATON, FL 33434 US			Mailing Address 8541 G. BOCA GLADES BLVD. G BOCA RATON, FL 33434 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		66012172 	
4. FEI Number 41-2129124				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				01242005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SALAS, CHRISTINE 9339 KETAY CIRCLE BOCA RATON, FL			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 state if applicable. (NOTE: Registered Agent signature required when renewing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SALAS, CHRISTINE M 9339 KETAY CIRCLE BOCA RATON, FL 33428	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BIFANO, DIANE T 19967 VILLA LANTE PLACE BOCA RATON, FL 33434	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RUFINO, EVELYN 8541 G. BOCA GLADES BLVD. #G BOCA RATON, FL 33434	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUFINO, DENNIS 8541 G. BOCA GLADES BLVD. #G BOCA RATON, FL 33434	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), 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: <i>Evelyn Rufino</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

x/27/05 x561-488
 Date Daytime Phone # **8379**