

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

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



03122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2129124

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SALAS, CHRISTINE
9339 KETAY CIRCLE
BOCA RATON, FL

**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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	VP SALAS, CHRISTINE M 9339 KETAY CIRCLE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BIFANO, DIANE T 19967 VILLA LANTE PLACE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUFINO, EVELYN 8541 G. BOCA GLADES BLVD. #G BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUFINO, DENNIS 8541 G. BOCA GLADES BLVD. #G BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/26/07-80005-011 150.00

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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

Date

Daytime Phone

Evelyn Rufino - EVELYN RUFINO 3/12/2007 561 862-4342
mark #1