

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90006 041 ***150.00

DOCUMENT # P05000040290

1. Entity Name

FIRE4 SYSTEMS, INC.



Principal Place of Business
330 SW 27TH AVENUE
SUITE 502
MIAMI FL 33135

Mailing Address
330 SW 27TH AVENUE
SUITE 502
MIAMI FL 33135



2. Principal Place of Business - No P.O. Box #
6073 N.W. 167 ST

3. Mailing Address
6073 N.W. 167 ST

Suite, Apt. #, etc.

C-12

Suite, Apt. #, etc.

C-12

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number 36-4570875

Applied For

Not Applicable

Zip
33015

Country
U.S.A

Zip
33015

Country
U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUI Tian, MARIA A ESQ.
330 SW 27TH AVENUE
SUITE 502
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name

Maria A. Gu Tian

Street Address (P.O. Box Number is Not Acceptable)

6073 N.W. 167 ST C-12

City

Miami

FL

Zip Code

33015

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

Maria A Gu Tian

2-24-07

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

Make Check Payable to Florida Department of State

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
PVST
BARKER, JOHN D
330 SW 27TH AVENUE
MIAMI FL 33135 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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TITLE
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STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
6073 N.W. 167 ST, C-12
Miami, FL 33015

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP
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CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Maria Barker

John Barker

2/24/07.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #