

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000107573

Entity Name: ALLIANCE AUTOMATIC FIRE SPRINKLERS, INC.

FILED  
Mar 25, 2009  
Secretary of State

**Current Principal Place of Business:**

4981 SW 122ND TERRACE  
COOPER CITY, FL 33330 US

**New Principal Place of Business:**

10210 SW 50TH COURT  
COOPER CITY, FL 33328 US

**Current Mailing Address:**

4981 SW 122ND TERRACE  
COOPER CITY, FL 33330 FL

**New Mailing Address:**

10210 SW 50TH COURT  
COOPER CITY, FL 33328 US

FEI Number: 20-3246838

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OBDULIA LEMUS CPA  
6970 TAFT STREET  
HOLLYWOOD, FL 33024 US

**Name and Address of New Registered Agent:**

ACOSTA & BURNS CPAS  
6970 TAFT STREET  
HOLLYWOOD, FL 33024 US

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.

SIGNATURE: GILBERT MORENO

03/25/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ISAACS, TIMOTHY M  
Address: 4981 SW 122ND TERRACE  
City-St-Zip: COOPER CITY, FL 33330 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ISAACS, TIMOTHY M  
Address: 10210 SW 50TH COURT  
City-St-Zip: COOPER CITY, FL 33328 US

Title: VP ( ) Change (X) Addition  
Name: DUBOIS, BRIAN  
Address: 2330 N 62ND AVENUE  
City-St-Zip: HOLLYWOOD, FL 33024 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY ISAACS

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date