

2006 FOR PROFIT CORPORATION ANNUAL REPORT


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May 04, 2006 8:00 am
Secretary of State

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04042006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000120740					
1. Entity Name FALCON FIRE & PROTECTIVE ARMOR, CORP.					
Principal Place of Business 6755 NW 192 LANE MIAMI, FL 33015			Mailing Address 6755 NW 192 LANE MIAMI, FL 33015		
2. Principal Place of Business 8275 NW 186 ST. Suite, Apt. #, etc. 803		3. Mailing Address 1800 W 49 ST Suite, Apt. #, etc. 201			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 20-3399989	
Zip 33015		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARMOL, CARLOS A 6755 NW 192 LANE MIAMI, FL 33015			7. Name and Address of New Registered Agent Name CARLOS A. MARMOL Street Address (P.O. Box Number is Not Acceptable) 8275 NW 186 ST # 803 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 <u><i>Carlos Marmol</i></u> <u><i>Carlos Marmol</i></u> <u><i>4-4-06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD MARMOL, CARLOS A 6755 NW 192 LANE MIAMI, FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARLOS A. MARMOL 8275 NW 186 ST # 803 MIAMI FL 33015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 I am empowered.					
SIGNATURE: <u><i>Carlos Marmol</i></u> <u><i>President</i></u> <u><i>4-4-06 786-380-9543</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		