2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 29, 2007 08:00 AM **DOCUMENT # P05000158029 Secretary of State** SPEEDY FIRE PROTECTION, INC. Principal Place of Business Mailing Address 3859 SW 99 AVE., STE. 8 3859 SW 99 AVE., STE. 8 MIAMI, FL 33165 MIAMI, FL 33165 01072007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FORTE, JORGE DO NOT WRITE 3859 SW 99 AVE., STE. 8 MIAMI, FL 33165 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME FORTE, JORGE U00000609239 STREET ADDRESS 3859 SW 99 AVE., STE. 8 02/01/07-80042-023 150.00 MIAMI, FL 33165 CITY-ST-ZIP TITLE NAME FORTE, ALBERTO STREET ADDRESS 9415 SW 35 ST. MIAMI, FL 33165 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS

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:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

IGNADULE AND DIFED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1-20-07

Daytime Phone #

FILED