

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000011558

FILED  
Mar 26, 2007  
Secretary of State

Entity Name: FIRE PREVENTION CONTRACTORS, INC.

## Current Principal Place of Business:

9580 SW 107 AVE S.201  
MIAMI, FL 33176

## New Principal Place of Business:

9580 SW 107 AVE  
SUITE#201  
MIAMI, FL 33176

## Current Mailing Address:

9580 SW 107 AVE S.201  
MIAMI, FL 33176

## New Mailing Address:

9580 SW 107 AVE  
SUITE#201  
MIAMI, FL 33176

FEI Number: 20-4275973

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LECUMBERRY, SYLVIA  
9580 SW 107 AVE S.201  
MIAMI, FL 33176 US

## Name and Address of New Registered Agent:

LECUMBERRY, SYLVIA M  
9580 SW 107 AVE  
SUITE #201  
MIAMI, FL 33176 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: SYLVIA M. LECUMBERRY

03/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P,D ( ) Delete  
Name: LECUMBERRY, SYLVIA  
Address: 9580 SW 107 AVE S.201  
City-St-Zip: MIAMI, FL 33176

Title: TD ( ) Delete  
Name: GOITIA, ARIEL  
Address: 9580 SW 107 AVE S.201  
City-St-Zip: MIAMI, FL 33176

Title: SD ( ) Delete  
Name: GOITIA, SASHA  
Address: 9580 SW 107 AVE S.201  
City-St-Zip: MIAMI, FL 33176

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change ( ) Addition  
Name: LECUMBERRY, SYLVIA M  
Address: 9580 SW 107 AVE. SUITE #201  
City-St-Zip: MIAMI, FL 33176

Title: TD (X) Change ( ) Addition  
Name: GOITIA, ARIEL  
Address: 9580 SW 107 AVE. SUITE #201  
City-St-Zip: MIAMI, FL 33176

Title: SD (X) Change ( ) Addition  
Name: GOITIA, SASHA  
Address: 9580 SW 107 AVE. SUITE #201  
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the 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: SYLVIA M. LECUMBERRY

P,D

03/26/2007

Electronic Signature of Signing Officer or Director

Date