## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000040680

GRIMALDI, JOHN F

7223 NW 66 TERR.

PARKLAND, FL 33067

Name: Address:

City-St-Zip:

Entity Name: CHICK'S FIRE BARRIER SYSTEMS, INC

FILED Apr 17, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1336 FUNSTON ST HOLLYWOOD, FL 33019 FL **Current Mailing Address: New Mailing Address:** 1336 FUNSTON ST HOLLYWOOD, FL 33019 FL FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BERNHARD, ROSEMARY A 1336 FUNSTON ST HOLLYWOOD, FL 33019 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition BERNHARD, DALE W BERNHARD, CHICK D Name: Name: 1336 FUNSTON ST 1336 FUNSTON ST Address: Address: City-St-Zip: HOLLYWOOD, FL 33019 City-St-Zip: HOLLYWOOD, FL 33019 Title: VΡ Title: () Delete () Change () Addition Name: BERNHARD, ROSEMARY A Name: 1336 FUNSTON ST Address: Address: HOLLYWOOD, FL 33019 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete VΡ (X) Change ( ) Addition COATS, ALMA L COATS, ALMA L Name: Name: 820 LAVER CIR 5050 LAS VERDES TR APT 123 Address: Address: City-St-Zip: DELRAY BEACH, FL 33444 City-St-Zip: DELRAY BEACH, FL 33484 Title: VΡ ( ) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROSEMARY A BERNHARD RA 04/17/2009