

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P92000007775

1. Entity Name
FIRE FIGHTERS CATERING CORP.



Principal Place of Business

**8000 NW 21ST STREET
SUITE 222
MIAMI, FL 33126 US**

Mailing Address

**8000 NW 21ST STREET
SUITE 222
MIAMI, FL 33126 US**



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0410775	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HILLS, STANLEY
8000 N.W. 21ST ST
SUITE 222
MIAMI, FL 33122**

**DO NOT WRITE
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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**000000605167
01/30/07-80024-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HILLS, STANLEY
STREET ADDRESS 8000 NW 21 STREET, SUITE 222
CITY-ST-ZIP MIAMI, FL 33122

TITLE VPD
NAME CRUZ, AL
STREET ADDRESS 8000 NW 21 STREET, SUITE 222
CITY-ST-ZIP MIAMI, FL 33122

TITLE S
NAME RAINEY, GARY
STREET ADDRESS 8000 NW 21 STREET, SUITE 222
CITY-ST-ZIP MIAMI, FL 331221605

TITLE VP
NAME THOMSON, MICHAEL
STREET ADDRESS 800 NW 21 STREET SUITE 222
CITY-ST-ZIP MIAMI, FL 33122

TITLE T
NAME DEL CUETO, JOAQUIN
STREET ADDRESS 8000 NW 21 ST SUITE 222
CITY-ST-ZIP MIAMI, FL 33122

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/07

Date

305-464-4497

Daytime Phone #