

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 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**



02132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0410775

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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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02/26/08-80010-002 150.00

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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

Date

Daytime Phone #