2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 03, 2004 08:00 AN Secretary of State DOCUMENT # P94000039450 FIRESTOP SPECIALTIES, INC. Principal Place of Business Mailing Address 6132 NW 74TH AVE. 6132 NW 74TH AVE. MIAMI, FL 33166 MIAMI, FL 33166 CR2E034 (10/03) 04292004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0495152 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DOMINGUEZ, MICHAEL DO NOT WRITE **6665 NW 39TH STREET** MIAMI, FL 33166 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 tale if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DOMINGUEZ, MICHAEL NAME STREET ADDRESS 6665 NW 39TH STREET U00000152537 05/04/04-80089-016 158.75 C0Y-57-7/P MIAMI, FL 33166 TITLE STREET ADDRESS CITY-ST-7/P HILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE **REALS** STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 thet my name appears in Block 10 or Block 11 if changed, or on an attachines with lan address, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED