


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 07, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P94000039450</b> 1. Entity Name FIRESTOP SPECIALTIES, INC.	
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Principal Place of Business 6132 NW 74TH AVE. MIAMI, FL 33166	Mailing Address 6132 NW 74TH AVE. MIAMI, FL 33166
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**DO NOT WRITE IN THIS SPACE**



08012006 No Chg-P CR2E034 (11/05)

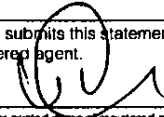
4. FEI Number 65-0495152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DOMINGUEZ, MICHAEL  
6665 NW 39TH STREET  
MIAMI, FL 33166

**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  (NOTE: Registered Agent signature required when reappointing)

8/3/06 DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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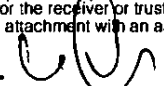
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOMINGUEZ, MICHAEL 6665 NW 39TH STREET MIAMI, FL 33166
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08/07/06-80009-016 158.75

**DO NOT WRITE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/06 305 887 6262 Date Daytime Phone #