## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Sep 22, 2004 8:00 am Secretary of State **DOCUMENT # P95000071035** 09-22-2004 90001 020 \*\*\*150.00 ULTIMATE FIRE AND SAFETY, INC. Mailing Address Principal Place of Business 54073381 112 SW 5TH ST 112 SW 5TH ST POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 US 2. Principal Place of Business 3. Mailing Address P.O. Bx 771210 3000 N.UNIVERSITY DR Suite, Apt. #, etc. Suite, Apt. #, etc. 09182004 CR2E034 (10/03) SE City & State 4. FEI Number Applied For 65-0631362 CORAL Not Applicable - Zip \$8.75 Additional 5. Certificate of Status Desired 3077-1210 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHARLES D BORTZ, JR. Street Address (P.O. Box Number is Not Acceptable) 3330 NW 95 TERRACE SUNRISE, FL 33351 City Zip Code 8. The above named is 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 SIGNATURE lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PDST TITLE ☐ Delete TITLE ☐ Change ☐ Addition BORTZ, CHUCK NAME NAME 3330 N.W. 95TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33351 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP TITLE Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 district an analysis of the corporation or the receiver or district and the rick and the receiver or district and the receiver or district and the rick an

9/20/04

**FILED** 

Hachment 10 Dr. # \$95000071035

PO BOX 771210

Coral Springs, Fl. 33077-1210

954-346-7288 - Broward 954-346-7217 Fax 305-621-9382 - Dade

09/18/04

Florida Department of State PO BOX 1500 -Tallahassee, Fl. 32302-1500

Re: Ultimate Fire & Safety, Inc. Doc # P95000071035

To Whom It May Concern:

We are enclosing a corporation reinstatement form for our client Ultimate Fire & Safety, Inc.

We are providing a check for the annual fee; however, we have not included the penalty, as the client did not receive the notification sent to companies to file the renewal due to a change in address. The original forwarding had expired.

The client was in our office and we determined the client had not filed the annual renewal. The client was advised that the corporate renewal had not occurred and they then requested our assistance in the reinstatement procedures.

Therefore we are requesting reinstatement on behalf of Ultimate Fire & Safety, Inc. based on not having received the 2003 Uniform business report due to a change of address.

The client has been made aware of the filing deadline for future years. Should you have any questions, please contact my office.

Thank you, Sincerely,

David Hernandez