

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # P97000049752 1. Entity Name FIRE HOSE, INC.	
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Principal Place of Business 7680 SW 53 PLACE MIAMI, FL 33143-2807	Mailing Address 7680 SW 53 PLACE MIAMI, FL 33143-2807
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DO NOT WRITE IN THIS SPACE

02222008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0761406	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DREYFUSS, JACQUES
7680 SW 53 PLACE
MIAMI, FL 33143-2807

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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 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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DREYFUSS, JACQUES 7680 SW 53 PLACE MIAMI, FL 331432807
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DREYFUSS, FRANCOISE 7680 S.W. 53 PLACE MIAMI, FL 331432807
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03/19/08-80023-004 150.00

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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: X Jacques Dreyfuss X 2/1/08 X 3056693200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #