

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90001 049 ***150.00

DOCUMENT # P97000067286

1. Entity Name

A FIRE PROTECTION PLUS, INC.



Principal Place of Business

3750 N.W. 28TH STREET
BAY #106
MIAMI FL 33142

Mailing Address

10350 S.W. 111TH STREET
MIAMI FL 33176-3415

2. Principal Place of Business

3750 SW 28 street

Suite, Apt. #, etc.

Suite 106

City & State

Miami, FL

Zip
33176

Country

USA

3. Mailing Address

10350 SW 111 street

Suite, Apt. #, etc.

Suite 106

City & State

Miami, FL

Zip
33176

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-0798137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTRO, EMILIO JR
10350 S.W. 111TH STREET
MIAMI FL 33176-3415

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
CASTRO, EMILIO JR
10350 S.W. 111TH STREET
MIAMI FL 33176-3415 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CHARLTON, SUSAN L
10230 SW 46 ST.
MIAMI FL 33165 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 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

Date

Daytime Phone #

2/4/04 305-898-3742