


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000067286 1. Entity Name A FIRE PROTECTION PLUS, INC.	
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Principal Place of Business 3750 NW 28 ST. SUITE #106 MIAMI, FL 33142	Mailing Address 10350 S.W. 111TH STREET MIAMI, FL 33176-3415
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

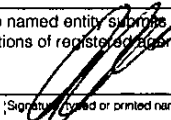
4. FEI Number 65-0798137	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 reinstating)

DATE: **1/5/06**

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTRO, EMILIO JR 10350 S.W. 111TH STREET MIAMI, FL 331763415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHARLTON, SUSAN L 10230 SW 46TH STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASTRO, KATHY A 10350 SW 111TH STREET MIAMI, FL 331763415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANTAMARIA, JORGE 9520 MONTEGO BAY DRIVE MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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01/09/07-80015-003 150.00

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:  **1/5/06** **305 898-3742**

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