

FROM : FIRM

FAX NO. :

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90423 003 ***158.75

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P97000086588			
1. Entity Name FIRM INTERNATIONAL GROUP INC.			
Principal Place of Business 712 NW 76TH AVENUE MIAMI, FL 33126		Mailing Address 712 NW 76TH AVENUE MIAMI, FL 33126	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0828080		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, FRANCISCO 712 NW 76TH AVENUE MIAMI, FL 33126		7. Name and Address of New Registered Agent Name SAMANO JOSE LUIS Street Address (P.O. Box Number is Not Acceptable) 712 NW 76TH AVENUE City MIAMI FL Zip Code 33126	
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 JOSE LUIS SAMANO <i>[Signature]</i>		DATE 04/29/2005	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	P PARTIDA, FLORA IRMA 712 NW 76TH AVENUE MIAMI, FL 33126 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMANO JOSE LUIS 712 NW 76TH AVENUE MIAMI FL 33126 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIOS, GUADELUPE 712 NW 76TH AVENUE MIAMI, FL 33126 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, FRANCISCO 712 NW 76TH AVENUE MIAMI, FL 33126 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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: PARTIDA FLORA IRMA <i>[Signature]</i>		DATE 04/29/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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04292005 Chg-P CR2E034 (10/03)