

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90063 037 ***150.00

DOCUMENT # P97000094073

1. Entity Name

FIRMAK INC.



Principal Place of Business

6600 CORAL WAY
MIAMI FL 33155

Mailing Address

6600 CORAL WAY
MIAMI FL 33155

2. Principal Place of Business - No P.O. Box #

6550 SW 40th St

3. Mailing Address

6550 SW 40th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI FL

Zip

33155

Country

DADE

Zip

33155

Country

DADE

4. FEI Number

65-0794347

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

GARCIA, FRANCISCO
6600 CORAL WAY
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name GARCIA FRANCISCO

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

6550 SW 40th St

City MIAMI

FL

Zip Code 33155

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 *Francisco Garcia*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

2/9/07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

TITLE	P	<input type="checkbox"/> Delete
NAME	GARCIA, FRANCISCO	
STREET ADDRESS	6600 CORAL WAY	
CITY - ST - ZIP	MIAMI FL 33155	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALBERTO, IRMA	
STREET ADDRESS	6600 CORAL WAY	
CITY - ST - ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 recorder 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

2/9/07

Date

305666 0330

Daytime Phone #