May 18 05 08:46a
05/18/2005 09:58 9544572688

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May 20, 2005 8:00 am
Secretary of State
04-25-2005 90242 027 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000098954

1. Entity Name
EMERGENCY SERVICE PRODUCTS, INC.

Principal Place of Business
1250 E. HALLANDALE BCH DR
PENTHOUSE 1
HALLANDALE, FL 33009

Mailing Address
P.O. BOX 1786
HALLANDALE, FL 33008

66018133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

03222005 Chg-F CR2E034 (10/03)

4. FEI Number
65-0800310

Applied For
Not Applicable

5. Certificate of Status Desired
$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MENENDEZ, ANTONIO R
150 WEST FLAGLER ST.
MUSEUM TOWER, SUITE 2200-ARM
MIAMI, FL 33130

7. Name and Address of New Registered Agent
Name: DE PAZ FERNANDO I.
Street Address (P.O. Box Number is Not Acceptable): 1250 E. HALLANDALE BEACH BLVD. PH#1
City: HALLANDALE BEACH FL Zip Code 33009

8. The above named entity submits this statement for the purposes 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: ____ 3/23/05
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, 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	VS MONTANO, GEORGE 101 N. FEDERAL HWY., STE 300 HALLANDALE, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: ____ MAY 18 05
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #