

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90461 032 \*\*\*158.75

**DOCUMENT # P97000098954**

1. Entity Name  
**EMERGENCY SERVICE PRODUCTS, INC.**



Principal Place of Business  
**1250 E. HALLANDALE BCH DR  
~~PENTHOUSE 4~~  
HALLANDALE, FL 33009**

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

**60032143**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**Suite 703**

Suite, Apt. #, etc.

03282006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number  
**65-0800310**

Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

**DE PAZ, FERNANDO I  
1250 E HALLANDALE BEACH BLVD  
~~RH #1~~  
HALLANDALE BEACH, FL 33009**

Name

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

**Suite 703**

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

**3/28/06**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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 VS  
NAME MONTANO, GEORGE ☐ Delete  
STREET ADDRESS 101 N. FEDERAL HWY., STE 300  
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1250 Hallandale Beach Blvd., Suite 703  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/06**

Date

Daytime Phone #

**(954) 457-2655 x 407**