

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000074281

FILED  
Mar 02, 2006  
Secretary of State

Entity Name: DIAL A FIRE EQUIPMENT, INC.

## Current Principal Place of Business:

1453 W FLAGLER STREET  
MIAMI, FL 33135

## New Principal Place of Business:

## Current Mailing Address:

8220 NE 12 AVE  
MIAMI, FL 33138

## New Mailing Address:

FEI Number: 65-0948902      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ALFONSO, DINORAH  
8220 NE 12 AVE  
MIAMI, FL 33138      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ALFONSO, DINORAH  
Address: 8220 NE 12 AVE  
City-St-Zip: MIAMI, FL 33138

Title: D ( ) Delete  
Name: ALFONSO, JUSTO  
Address: 8220 NE 12 AVE  
City-St-Zip: MIAMI, FL 33138

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ALFONSO, DINORAH MRS  
Address: 8220 NE 12 AVE  
City-St-Zip: MIAMI, FL 33138

Title: D (X) Change ( ) Addition  
Name: ALFONSO, JUSTO L MR  
Address: 8220 NE 12 AVE  
City-St-Zip: MIAMI, FL 33138

Title: O ( ) Change (X) Addition  
Name: FERNANDEZ, ISABEL MRS  
Address: 19051 COLLINS AVE #E106  
City-St-Zip: MIAMI BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DA

D

03/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date