


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # 173061
 1. Entity Name
MIAMI FIRE EQUIPMENT INC



Principal Place of Business Mailing Address
C/O VALERIE DEVILLE **C/O VALERIE DEVILLE**
150 SW 27 AVENUE **150 SW 27 AVENUE**
MIAMI, FL 33135 **MIAMI, FL 33135**

DO NOT WRITE IN THIS SPACE



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-0752345 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEVILLE, VALERIE
150 S.W. 27TH AVE.
MIAMI, FL 33135

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

| | |
|----------------|---------------------|
| TITLE | P |
| NAME | DEVILLE, VALERIE |
| STREET ADDRESS | 10900 SW 92 AVENUE |
| CITY-ST-ZIP | MIAMI, FL 33176 |
| TITLE | V |
| NAME | GARCIA, ANTONIO |
| STREET ADDRESS | C/O VALERIE DEVILLE |
| CITY-ST-ZIP | MIAMI, FL 33135 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 04/11/06-80038-001 150.00

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X VALERIE DEVILLE 3/24/06 305-642-662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #