

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 499357

1. Entity Name
FOTI EQUIPMENT COMPANY, INC.



Principal Place of Business
**8272 NW SOUTH RIVER DRIVE
MIAMI, FL 33166 US**

Mailing Address
**8272 NW SOUTH RIVER DRIVE
MIAMI, FL 33166 US**



01292005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1656547

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FOTI, JR. STEPHEN
465 PARADISE ISLE BLVD
307
HALLANDALE, FL 33009**

**DO NOT WRITE
IN THIS SPACE**

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

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FOTI, JR S 465 PARADISE ISLE BLVD, 307 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FOTI, STEPHEN III 465 PARADISE ISLE BLVD, 307 HALLANDALE, FL 33009
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02/07/05-80019-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Stephen Foti Jr (STEPHEN FOTI JR) 02/04/05 305-885-1760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #