

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 499357 1. Entity Name FOTI EQUIPMENT COMPANY, INC.	
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Principal Place of Business 8272 NW SOUTH RIVER DRIVE MIAMI, FL 33166 US	Mailing Address 8272 NW SOUTH RIVER DRIVE MIAMI, FL 33166 US
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1656547	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

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
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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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01/27/06-80021-023 150.00

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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: Stephen Foti Jr. (STEPHEN FOTI JR.) 01/20/06 305-885-1760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #