2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 08:00 A]
Secretary of State

DOCUMENT # L24912

1. Entity Name
SOUTH FLORIDA NEW HOLLAND EQUIPMENT CORP.

Principal Place of Business	Mailing Address
C/O THOMAS L DAVID PA 1428 BRICKELL AVE 8TH FLOOR MIAMI, FL 33131	C/O THOMAS L DAVID PA 1428 BRICKELL AVE 8TH FLOOR MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

03202008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0152633
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAVID, THOMAS L.
1425 BRICKELL AVENUE, 8TH FLOOR
MIAMI, FL 33131

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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000871566
04/10/08-80002-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CARDENAL, JOSE V.
STREET ADDRESS	7705 SW 139 TERR
CITY-ST-ZIP	MIAMI, FL
TITLE	SD
NAME	NERET, MAURICIO
STREET ADDRESS	515 SW 12TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	VD
NAME	FERNANDEZ HOLMANN, ERNESTO
STREET ADDRESS	1111 BRICKELL AVE STE 1300
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	AS
NAME	FERNANDEZ, MARIA R
STREET ADDRESS	1111 BRICKELL AVE STE 1300
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	T
NAME	SOLORZANO, JAVIER
STREET ADDRESS	9047 SW 67 AVE
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 24 March 08 305 249-8711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #