


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 17, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P0000009524 1. Entity Name PACKARD EQUIPMENT CORPORATION |  |
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|---|---|
| Principal Place of Business 191 N.W. 97TH AVE STE 311 MIAMI FL 33172 | Mailing Address 191 N.W. 97TH AVE STE 311 MIAMI FL 33172 |
|---|---|



| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt #, etc. |
| City & State | City & State |
| Zip | Country |

2nd MOORE CR2E034 (5/05)

| | |
|---|---|
| 6. Name and Address of Current Registered Agent RIVERA, YANUARIO 191 NW 97 AVE STE 311 MIAMI FL 33172 | 7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City |
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|---|--|
| 4. FEI Number 65-0979394 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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

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|---|---|---|
| FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-----------------------------------|---|---|--|
| TITLE NAME | P YANUARIO, RIVERA 191 NORTHWEST 97TH AVE STE 311 MIAMI FL 33172 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000378548 08/17/05-80001-005 550.00 |
| STREET ADDRESS CITY - ST - ZIP | | | |
| TITLE NAME | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY - ST - ZIP | | | |
| TITLE NAME | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY - ST - ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:  Date: **8/15/2005** Daytime Phone #: **305.221.3106**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR