FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90202 014 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000086030

1. Entity Name
ALL FLORIDA EQUIPMENT COMPANY INC.

24071087

Principal Place of Business	Mailing Address
1308 A SW 1ST WAY DEERFIELD BEACH, FL 33441	1308 A SW 1ST WAY DEERFIELD BEACH, FL 33441
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04292004 Chg-P CR2E034 (10/03)

4. FEI Number 04-3707300 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUNT, VEBERT 9691 NW 20TH PLACE SUNRISE, FL 33322	Name: MELISSA SALAMONE Street Address (P.O. Box Number is Not Acceptable): 1428 SE 4th Ave City: Deerfield Bch FL Zip Code: 33441

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] 4/26/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: HUNT, VEBERT STREET ADDRESS: 9691 NW 20TH PLACE CITY-ST-ZIP: SUNRISE, FL 33322	☒ Delete	TITLE: P NAME: MELISSA SALAMONE STREET ADDRESS: 1428SE 4th Ave CITY-ST-ZIP: Deerfield Bch FL 33441	☒ Change ☐ Addition
TITLE: VP NAME: SALAMONE, MELISSA STREET ADDRESS: 1428 SE 4TH AVE CITY-ST-ZIP: DEERFIELD BEACH, FL 33441	☒ Delete	TITLE: VP NAME: VEBERT HUNT STREET ADDRESS: 9691 NW 20th PL CITY-ST-ZIP: SUNRISE FL 33322	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #