1of2

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000129887

1. Entity Name
OILWELL MACHINARY AND EQUIPMENTS, INC.

FILED
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2. Principal Place of Business		3. Mailing Address	
7290 NW 114 Ave			
Suite, Apt. #, etc. 106		Suite, Apt. #, etc.	
City & State DORAL		City & State	
Zip 33178	Country MIAMI DADE	Zip	Country

DO NOT WRITE IN THIS SPACE 03-06

4. FEI Number 20-5239693 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name VLADIMIR I. TOLEDO
Street Address (P.O. Box Number is Not Acceptable) 4116 NW 88 Ave #203
City Coral Spring FL Zip Code 33065

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

100078068201
07/27/06--01050--016 **600.00

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VLADIMIR I. TOLEDO
STREET ADDRESS	4116 NW 88 AVE. #203
CITY-ST-ZIP	CORAL SPRING FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ___
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell JUL 24 2006

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $600.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2003-2006 or any other notice from the Division of Corporations in respect with the Corporation **OIL WELL MACHINARY & EQUIPMENTS, INC.**

Thank you for your courtesy in this matter.

VLADIMIR I. TOLEDO
PRESIDENT