

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

10f2

DOCUMENT # P02000129887

1. Entity Name

OILWELL MACHINERY AND EQUIPMENTS
INC.



FILED

06 JUL 24 AM 10:35

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7290 NW 114 Ave

Suite, Apt. #, etc.

106

3. Mailing Address

Suite, Apt. #, etc.

City & State

DORAL

City & State

Zip

33178

County

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

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 Springs

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]

Signature of Registered Agent required when changing

(NOTE: Registered Agent signature required when registering)

DATE

100078068201

07/27/06--01050--016 **\$600.00

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$350.00

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

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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 information.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Number

B. Mitchell JUL 24 2006

CR2E034B (12/02)

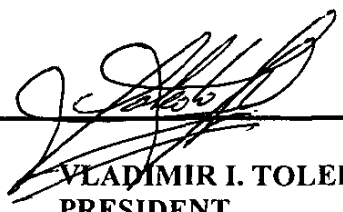
2 of 2

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