


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90034 048 ***550.00

DOCUMENT # P94000083495

1. Entity Name
QUINTERO EQUIPMENT, INC.



Principal Place of Business
**12631 S.W. 252 TERRACE
 HOMESTEAD FL 33032**

Mailing Address
**P.O. BOX 901711
 HOMESTEAD FL 33090**



2. Principal Place of Business
12631 S.W. 252 Terr.

3. Mailing Address
Same

Suite, Apt. #, etc.

2nd MOORE CR2E034 (4/06)

City & State
Homestead Fl.

City & State

Zip
33032

Country
USA

4. FEI Number **65-0583538**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**QUINTERO, MANUEL
 12631 S.W. 252 TERRACE
 HOMESTEAD FL 33032**

7. Name and Address of New Registered Agent

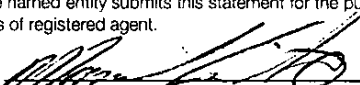
Name
Quintero Manuel

Street Address (P.O. Box Number is Not Acceptable)
12631 S.W. 252 Terr.

City
Homestead

FL Zip Code
33032

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 **9-01-06**

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

FILE NOW!!! FEE IS \$550.00
DUE BY September 6, 2006
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.

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT QUINTERO, MANUEL 12631 S.W. 252 TERRACE HOMESTEAD FL 33032	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS QUINTERO, LAURA 12631 S.W. 252 TERRACE HOMESTEAD FL 33032	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Manuel Quintero** DATE: **9-01-06** DAYTIME PHONE #: **305.205.3562**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR