2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2005 8:00 am Secretary of State

DOCUMENT # P9900006860 1. Entity Name L&J EQUIPMENT, INC.					02-14-2005 90044 015 ***150.00		
11900 BISC SUITE 806	e of Business AYNE BLVD AI, FŁ 33181	Mailing Address 11900 BISCAYNE BLVD SUITE 806 NORTH MIAMI, FL 3318	11				
	Place of Business	3. Mailing Address					
1944 - Suite, Apt.	SW 105 Ave.	1944561	05 Avc.	J 388114801 411	I IOINU IBAIN MULIS MBAII B	4	III ÎN 11 SANT
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02022005	Chg-P	CR2E034 (10/03)	
City & Stat	A .	City & State Dave, FI		4. FEI Numbe 91-195	-		pplied For ot Applicable
333 a	Country	3332 8	Country US		of Status Desired	□ \$8.75 Add	ditional
2006	6. Name and Address of Current F		43	7. Name and	Address of New	Fee Require	30
CDEENEU	LD IOUN		Name				
GREENFIELD, JOHN 11900 BISCAYNE BLVD			Street Address (P.O. Box Number is Not Acceptable) 11900 BICCATAC BINA				
SUITE 806	· ·			c aira			
NORTH MIAMI, FL 33181			<u>Su, 1</u>	1c 612		Zip Cod	ie .
The above named entity submits this statement for the purpose of changing its registered				· Migni	the in the State of E	FL Zip Cod	
the obligat	tions of registered agent.	the purpose of Changing its i	egistered office of a	registered agent, or bu	an, an the State Of F	nonua. Tam tamiliar with,	, and accept
SIGNATURE for Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	Ingreature, typed or printed name of registered agent a	and trile if applicable. {NOTE:	Registered Agent signature	e required when reinstating)		DATE	*
					•		
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0		bution.	\$5.00 May Be Added to Fees			
After M	ay 1, 2005 Fee will be \$550.0	Trust Fund Contri	bution.	Added to Fees ADDITIONS	CHANGES TO OF	FICERS AND DIRECTOR	
After M	ay 1, 2005 Fee will be \$550.0	Trust Fund Contri	11. TRUE NAME	Added to Fees ADDITIONS/ PD Louis Gnee	n Geld	Change	S IN 11
10. TITLE NAME STREET ADDRESS	OFFICERS AND I	Trust Fund Contri	11. TIFLE NAME STREET ADDRESS	Added to Fees ADDITIONS/ PD LOUIS GACE 1944 SW	raid 105 A	☐ Change	
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12. Thereby 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 on 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: for Signature and typed or printed name of signing officer or circles and typed or printed name of signing officer or circles are considered. Date Date Daywing Proper