2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 25, 2008 08:00 AM Secretary of State **DOCUMENT # 197096** 1. Entity Name SEACOAST EQUIPMENT CORP. Mailing Address Principal Place of Business P. O. BOX 624 7970 N.W. 64TH STREET MIAMI, FL 33166 MIAMI, FL 33152 No Chg-P CR2E034 (11/05) 01212008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-0807975 Not Applicable \$8.75 Additional Fee Required *** 6."Name and Address of Current Registered Agent DO NOT WRITE JAY, LARRY 7970 NW 64TH ST. MIAMI, FL 33166 IN THIS SPACE 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 . Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE JAY, LARRY NAME 7970 NW 64TH ST. STREET ADDRESS MIAMI, FL 33166 COY-ST-ZIP TITLE NAME 01/28/08-80005-020 150.**00** STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP