

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90073 032 ***150.00

DOCUMENT # 514704

1. Entity Name
ELECTROSTATIC EQUIPMENT CORP.



Principal Place of Business

**1705 W 32ND PLACE
HIALEAH, FL 33012**

Mailing Address

**1705 W 32ND PLACE
HIALEAH, FL 33012**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-1706655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRUNT, JOHN
6365 TAFT STREET
SUITE 3003
HOLLYWOOD, FL 33024**

7. Name and Address of New Registered Agent

Name **ROSA LUGO**

Street Address (P.O. Box Number is Not Acceptable)

1705 W 32ND PLACE

City

HIALEAH

FL

Zip Code

33012

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 **Rosa Lugo**

Signature typed or printed name of registered agent and title if applicable

**ROSA LUGO
V.P.**

(NOTE: Registered Agent signature required when reinstating)

4/30/07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **LUGO, GUILLERMO**
STREET ADDRESS **1705 W 32ND PLACE**
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE **VSTD** ☐ Delete
NAME **LUGO, ROSA**
STREET ADDRESS **1705 W 32ND PLACE**
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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: **Rosa Lugo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROSA LUGO
V.P.**

4/30/07

Date

**306
577-5888**

Daytime Phone #