2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #541627

1. Entity Name

SOUTH FLORIDA EQUIPMENT CO.



Principal Place of Business

10775 SW 188TH STREET

BAY #5 MIAMI, FL 33157 Mailing Address

10775 SW 188TH STREET

BAY #5

MIAMI, FL 33157





DO NOT WRITE IN THIS SPACE

02202008 No Ch

No Chg-P CR2E034 (11/05)

4. FEI Number 59-1989973

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NORTH, PATRICK B 9350 S. DIXIE HWY, #1540 MIAMI, FL 33156 DO NOT WRITE

The above named entity subt the obligations of registered a		inging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept
the congations of registered i	.go		•
SIGNATURE Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	DATE
···			· · · · · · · · · · · · · · · · · · ·

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

OFFICERS AND DIRECTORS 10. DΡ TITLE NORTH, PATRICK NAME STREET ADDRESS 9350 S DIXIE HWY #1540 CITY-ST-ZIP MIAMI, FL 33156 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADORESS CITY-ST-ZIP MLE NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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DO NOT WRITE

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 employered by 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 accuracy with an other like ampowered.

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/08

305-235-3145