## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State		
DOCUMENT # 569836					Secret	ary of State
1. Entity Nam U.S. EQL	™ JIPMENT EXPORTS COMPAI	NY, INC.		:		
Principal Plac	e of Business	Mailing Address	-t	1		
2510 SW 99 MIAMI, FL 3		2510 SW 99TH AVENUE MIAMI, FL 33165 US		 	IK KING 19191 IBIKA UMB 411	i Mibli Bibli Bibli Andli Andli Bibli Mibliobo ii ibbi
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	O NOI WILL	IN THIS SEA	O L	4. FEI Numb 59-192		Applied For Not Applicable
					of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent				<u> </u>
COSIO, EMILIO A. 2510 S.W. 99TH AVENUE				DO	NOT W	RITE
MIAMI, FL		•		IN -	THIS SF	PACE
	named entity submits this statement for the tions of registered agent.	e purpose of changing its register	red office or register	red agent, or bo	oth, in the State of Flo	orida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	tille if applicable. (NOTE, Register	ed. Agent signature required	I when reinstating)	·	DATE
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.				.00 May Be led to Fees		
10.	OFFICERS AND DIF	RECTORS			!. <u>ur</u>	
TITLE	SD COSIO, INES H.					
NAME STREET ADDRESS	2510 S.W. 99TH AVENUE				Linnana	120022
CTY-ST-ZIP	MIAMI, FL		1		04/26/04~	129933 80098-008 150.00
TITLE NAME	PD COSIO, EMILIO A.					
STREET ADDRESS	2510 S.W. 99TH AVENUE					
CITY-SY-ZIP	MIAMI, FL		-			
NAME						
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE
TITLE		<u></u>	-		THIS SE	
NAME				IIA	i nio or	ACE
STREET ADDRESS CITY-ST-ZIP						
TITLE			1			
NAME			1			
STREET ADDRESS CITY+ST-ZIP						
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12. I hereby 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 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:

STREET ADDRESS

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

04-27-04 Date

Daytime Phone \*