2006 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Apr 28, 2006 08:00 AN Secretary of State **DOCUMENT # 608075** 1. Entity Name HART MACHINERY, INCORPORATED Mailing Address Principal Place of Business 5761 N.W. 37TH AVE. 5761 N.W. 37TH AVE. MIAMI, FL 33142 MIAMI, FL 33142 04172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1885667 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOLLAND, MARTIN J DO NOT WRITE 5761 NW 37TH AVE MIAMI, FL 33142 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS HILE NAME LOPEZ, ENRIQUE (HENRY) STREET ADDRESS 13871 S.W. 10TH TERRACE CITY-ST-7IP MIAMI FL, RTLE NAME HOLLAND, MARTIN J STREET ADDRESS 251 ATLANTIC ISLE U00000542331 05/10/06-80034-018 150.00 N. MIAMI BEACH, FL CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST-7JP IN THIS SPACE RRE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 logal 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:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNA TUPE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-18-06

305 635 23 25

Date

Daytme Phone #