2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 678861

1. Entity Name

RIO EQUIPMENT AND PARTS, INC.

Principal Place of Business	Mailing Address
5015 ST LUCIE BLVD FT PIERCE FL 34946	5015 ST LUCIE BLVD FT PIERCE FL 34946

2. Principal Place of Business	3. Mailing Address
Suite Apt # etc	Suite Apt # etc
City & State	City & State
Zip / Country	Zip / Country

MOORE CR2E034 (11/03)

4. FEI Number 59-2009219 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $3.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARAVIAS, CHRIS
5015 ST.LUCIE BLVD.
FT PIERCE FL 34946

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 I accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature (type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when new location)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	CARAVIAS, CHRIS	
STREET ADDRESS	5047 N A1A #304	
CITY-ST-ZIP	FORT PIERCE FL 34949	
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		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	100000310656
STREET ADDRESS	04/18/05-80013-010 150.00
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: CHRIS CARAVIAS 4-19-05 772 4652246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #