


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91008 044 \*\*\*150.00

<b>DOCUMENT # F54757</b> 1. Entity Name <b>RVL EQUIPMENT, INC.</b>					
Principal Place of Business <b>13225 NW 47 AVE.</b> <b>OPA LOCKA, FL 33054</b>			Mailing Address <b>13225 NW 47 AVE.</b> <b>OPA LOCKA, FL 33054</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2154183</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>RODRIGUEZ, JORGE L.</b> <b>7730 W. 12TH AVENUE</b> <b>HALEAH, FL 33014</b>				Name  Street Address (P.O. Box Number is Not Acceptable) <b>13225 N.W. 47th Avenue</b> <b>OPA LOCKA</b> City  State <b>FL</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$350.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
PTD	RODRIGUEZ, JORGE L.	7956 NW 162ND ST	MIAMI, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VP	RODRIGUEZ, BELINDA	7956 NW 162ND ST	MIAMI, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____			04/22/04 (305) 557-3004 Date Daytime Phone #		