2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F90567

1. Entity Name

ROWLAND EQUIPMENT, INC.



FILED Apr 02, 2004 08:00 AM Secretary of State

Principal Place of Business

2900 NW 73RD ST 8751 W. BROWARD BLVD. MIAMI, FL 33147

Mailing Address

2900 NW 73RD STREET 8751 W. BROWARD BLVD. MIAMI, FL 33147 US



03302004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2198823

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prons of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campa Trust Fund Con			ing	\$5.00 May Be Added to Fees	V00000101919
10.	OFFICERS AND DIREC	TORS			04/02/04-80033-015 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD LAMBERT, JAMES 9100 SHERIDAN BROOKFIELD, IL STD LAMBERT, DOLORES 9100 SHERIDAN BROOKFIELD, IL V KOZELKA, KENNETH 4230 RAYMOND BROOKFIELD, IL	<u>.</u>		DO	NOT WRITE
NAME STREET ADDRESS	V COBB, JOYCE 2900 NW 73RD ST MIAMI, FL		IN THIS SPACE		
TIBLE NAME STREET ADDRESS CRY-ST-ZIP					
TRLE					

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 undor oath; that I am an officer or director of the comporation 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:

NAME STREET ADDRESS CITY-ST-ZIP

OFFICER OF DIRECTOR CODD

3/30/04 305-621-9280