OR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2006 08:00 AM DOCUMENT # G63533 **Secretary of State** t. Entity Name F. & F. EQUIPMENT, INC. Principal Place of Business Mailing Address 3545 NW 71ST ST 3545 NW 71ST ST MIAMI, FL 33147 US MIAMI, FL 33147 No Chg-P CR2E034 (11/05) 02062006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2334650 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 8. Name and Address of Current Registered Agent MINTMIRE, DONALD F DO NOT WRITE 265 SUNRISE AVENUE SUITE 204 IN THIS SPACE PALM BEACH, FL 33480 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 alignature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 18. TITLE FERNANDEZ, ANDRES F. NAME 3545 NW 71ST STREET STREET ADDRESS C17Y-S7-71P MIAMI, FL 33147 U000000443613 03/06/06-80018-004 158.75 31T1 5 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

CITY-ST-ZIP I hereby certify that the information supplied with this filing does not quality 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 legal effect as if made under oath; that I am an officer of 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 changed, or on an attachment with an address, with all other tipe empowered.

SIGNATURE:

City-S7-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS