

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90786 001 \*1,428.75

**DOCUMENT # G82429**

1. Entity Name  
**EATON INDUSTRIES INC.**



Principal Place of Business  
**10780 S.W. 190TH STREET  
MIAMI, FL 33157**

Mailing Address  
**10780 S.W. 190TH STREET  
MIAMI, FL 33157**



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2784782**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**ESQUIVEL, DR. J. AL  
10780 S.W. 190TH STREET  
MIAMI, FL 33157**

**DO NOT WRITE  
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 renewing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ESQUIVEL, DR. J. AL  
STREET ADDRESS 10780 S.W. 190TH STREET  
CITY-ST-ZIP MIAMI, FL 33157

TITLE ST  
NAME ESQUIVEL, DR. J. AL  
STREET ADDRESS 10780 S.W. 190TH STREET  
CITY-ST-ZIP MIAMI, FL 33157

TITLE VD  
NAME CARRIO, MARLENE A.  
STREET ADDRESS 10780 S.W. 190TH STREET  
CITY-ST-ZIP MIAMI, FL 33157

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 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: Dr. J. Al Esquivel  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/06

Date

(305) 238-0477

Daytime Phone #