


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90383 041 ***150.00

DOCUMENT # G97296 1. Entity Name AIREQUIP INDUSTRIAL, INC.					
Principal Place of Business 1117 OKEECHOBEE RD 4215 HIALEAH GARDENS FL 33016 US			Mailing Address 19409 NW 24TH PLACE PEMBROKE PINES FL 33029 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 327384 Suite, Apt. #, etc.			
City & State Zip Country		City & State Fort Lauderdale FL Zip Country 33332-9704 Broward		4. FEI Number Applied For 59-2412630 Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent CORTES, GUILLERMO D 13234 NW 15TH COURT PEMBROKE PINES FL 33028			
7. Name and Address of New Registered Agent Name SAUL MILIAN Street Address (P.O. Box Number is Not Acceptable) 19409 NW 24 PL City State Zip Code Pembroke Pines FL 33029		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 <i>Saul Milian</i> DATE 2/10/05 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOENAGA, BEATRIZ 241 NW 217 WAY PEMBROKE PINES FL 33029	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOENAGA, JR, ARNALDO 241 NW 217 WAY PEMBROKE PINES FL 33029	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MILIAN, SAUL J 19409 NW 24 PL PEMBROKE PINES FL 33029	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILIAN, MABEL 19409 NW 24 PL PEMBROKE PINES FL 33029	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <i>Beatriz Goenaga</i> DATE 2/10/05 (954) 392-9517 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		