2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State
02-15-2007 90053 006 ***150.00

DOCUMENT # K82757

1. Entity Name
UNIVERSAL EQUIPMENT SERVICES, INC.

Principal Place of Business	Mailing Address
9550 NW 12TH ST BAY 14A MIAMI FL 33172 US	9550 NW 12TH ST BAY 14A MIAMI FL 33172 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11217 NW 7ST	11217 NW 7ST
Suite, Apt. #, etc.: #5	Suite, Apt. #, etc.: UNIT #5
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33172 Country: USA	Zip: 33172 Country: USA

4. FEI Number 65-0174836 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIRINO, SANTOS M
9550 NW 12TH STREET
BAY 14
MIAMI FL 33142

7. Name and Address of New Registered Agent

Name: SANTOS M. CHIRINO
Street Address (P.O. Box Number is Not Acceptable): 11217 NW 7ST UNIT 5
City: MIAMI **FL** Zip Code: 33172

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD CHIRINO, SANTOS M 11217 NW 7ST UNIT 5 MIAMI FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD CHIRINO, SANTOS M 11217 NW 7ST UNIT 5 MIAMI FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROMANO, MELBA 11217 NW 7ST UNIT 5 MIAMI FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] SANTOS M CHIRINO 1/30/07 3054773839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #