

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L10255

FILED  
May 04, 2005  
Secretary of State

Entity Name: B & F EQUIPMENT CORPORATION

**Current Principal Place of Business:**

7661 NW 68 ST  
112  
MIAMI, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

% MARIO A. FERNANDEZ  
7661 NW 68 ST UNIT 112  
MIAMI, FL 33155 US

**New Mailing Address:**

FEI Number: 65-0155989      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FERNANDEZ, MARIO A  
7801 SW 29 ST  
MIAMI, FL 33155 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FERNANDEZ, MARIO A.,  
Address: 7801 SW 23 ST  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: FERNANDEZ, MARIO A.,  
Address: 7801 SW 29ST  
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO A. FERNANDEZ

PRE

05/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date