

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90031 016 \*\*\*150.00

**DOCUMENT # L24912**

1. Entity Name

SOUTH FLORIDA NEW HOLLAND EQUIPMENT CORP.



Principal Place of Business

C/O THOMAS L DAVID PA  
1428 BRICKELL AVE 8TH FLOOR  
MIAMI FL 33131

Mailing Address

C/O THOMAS L DAVID PA  
1428 BRICKELL AVE 8TH FLOOR  
MIAMI FL 33131



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0152633

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

DAVID, THOMAS L.  
1425 BRICKELL AVENUE, 8TH FLOOR  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2005 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

TITLE DP ☐ Delete  
NAME CARDENAL, JOSE V.  
STREET ADDRESS 7705 SW 139 TERR  
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ Delete  
NAME NERET, MAURICIO  
STREET ADDRESS 6000 RIVIERA DR  
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ Delete  
NAME HOLMANN, ERNESTO F  
STREET ADDRESS 89 BAY HEIGHTS DR  
CITY-ST-ZIP MIAMI FL

TITLE AS ☐ Delete  
NAME FERNANDEZ, MARIA R  
STREET ADDRESS 701 BRICKELL AVE STE 1550  
CITY-ST-ZIP MIAMI FL 33131

TITLE T ☐ Delete  
NAME SOLORZANO, JAVIER  
STREET ADDRESS 9047 SW 67 AVE  
CITY-ST-ZIP MIAMI FL 33143

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition  
NAME Neret, Mauricio  
STREET ADDRESS 515 SW 12th. Avenue  
CITY-ST-ZIP Miami, FL 33130

TITLE NAME ☒ Change ☐ Addition  
NAME Fernandez-Holmann, Ernesto  
STREET ADDRESS 1111 Brickell Ave., Suite 1300  
CITY-ST-ZIP Miami, FL 33131

TITLE NAME ☒ Change ☐ Addition  
NAME Fernandez, Maria R.  
STREET ADDRESS 1111 Brickell Ave., Suite 1300  
CITY-ST-ZIP Miami, FL 33131

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*, PRESIDENT*

03/10/05

(305) 247-8711

Date

Daytime Phone #