
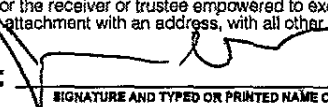


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L24912</b> 1. Entity Name <b>SOUTH FLORIDA NEW HOLLAND EQUIPMENT CORP.</b>			
Principal Place of Business <b>C/O THOMAS L DAVID PA 1428 BRICKELL AVE 8TH FLOOR MIAMI, FL 33131</b>		Mailing Address <b>C/O THOMAS L DAVID PA 1428 BRICKELL AVE 8TH FLOOR MIAMI, FL 33131</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01232006 No Chg-P CR2E034 (11/05)	
4. FEI Number <b>65-0152633</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DAVID, THOMAS L. 1425 BRICKELL AVENUE, 8TH FLOOR MIAMI, FL 33131</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARDENAL, JOSE V. 7705 SW 139 TERR MIAMI, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NERET, MAURICIO 515 SW 12TH AVENUE MIAMI, FL 33130		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERNANDEZ HOLMANN, ERNESTO 1111 BRICKELL AVE STE 1300 MIAMI, FL 33131		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FERNANDEZ, MARIA R 1111 BRICKELL AVE STE 1300 MIAMI, FL 33131		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLORZANO, JAVIER 9047 SW 67 AVE MIAMI, FL 33143		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			
<b>SIGNATURE:</b> 		<b>JOSE V. CARDENAL</b> <b>02/06/06</b> <b>(305) 247-8711</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	