2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Jan 28, 2004 08:00 AM DOCUMENT # L88925 **Secretary of State** 1. Entity Name F. W. MESTRE EQUIPMENT COMPANY Principal Place of Business Mailing Address 5101 NW 79TH AVE MIAMI FL 33166 5101 NW 79TH AVE MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 65-0205720 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MESTRE, AMERICA 5101 NW 79TH AVE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33166** Zip Code City 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 \_ DATE Signature, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE ☐ Delete THE Addition MESTRE, FRANCISCO W. NAME NAME STREET ADDRESS 4960 SW 82ND AVE STREET ADDRESS U000000017407 CITY-ST-ZIP 01/28/04-80034-011 CITY -ST-ZIP MIAMI FL 158.75 TS ☐ Delete BILE Change ☐ Addition TITLE MESTRE, AMERICA MAME NAME STREET ADDRESS 4960 SW 82ND AVE STREET ADDRESS CITY - ST- ZIP MIAMI FL CITY - ST- ZIP ☐ Delete BTIE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BILE ☐ Change ☐ Addition ☐ Delete 3133 E NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-782 CITY-ST-ZIP Change Addition TITLE ☐ Delete TETLE NAME SCALAC. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP -BBE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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.

FILED

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305-592-2090