

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


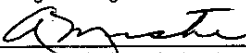
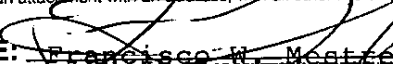
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03142005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # L88925</b>			
1. Entity Name <b>F. W. MESTRE EQUIPMENT COMPANY</b>			
Principal Place of Business <b>5101 NW 79TH AVE MIAMI, FL 33166</b>		Mailing Address <b>5101 NW 79TH AVE MIAMI, FL 33166</b>	
2. Principal Place of Business <b>7845 N.W. 57 St.</b>		3. Mailing Address <b>7845 N.W. 57 St.</b>	
Suite, Apt. #, etc. <b>Suite # 1</b>		Suite, Apt. #, etc. <b>Suite # 1</b>	
City & State <b>DORAL, FL</b>		City & State <b>DORAL, FL.</b>	
Zip <b>33166</b>	Country <b>USA</b>	Zip <b>33166</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>MESTRE, AMERICA 5101 NW 79TH AVE MIAMI, FL 33166</b>		7. Name and Address of New Registered Agent Name <b>MESTRE AMERICA</b> Street Address (P.O. Box Number is Not Acceptable) <b>7845 N.W. 57 St. Suite # 1</b> City <b>DORAL</b> FL Zip Code <b>33166</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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MESTRE, FRANCISCO W. 4960 SW 82ND AVE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MESTRE, AMERICA 4960 SW 82ND AVE MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700049077327</b> <b>03/24/05--01005--002 **158.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-15-2005 305/5922090 <small>Date Daytime Phone</small>	