2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 29, 2007 08:00 AM Secretary of State DOCUMENT # L88925 1. Entity Name F. W. MESTRE EQUIPMENT COMPANY Principal Place of Business Mailing Address 7845 N.W. 57 STREET, STE #1 DORAL FL 33166 7845 N.W. 57 STREET, STE #1 DORAL FL 33166 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, otc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0205720 Not Applicat Ζįρ Country Country \$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 Name MESTRE, AMERICA Street Address (P.O. Box Number is Not Acceptable) 7845 N.W. 57 STREET, STE #1 **DORAL FL 33166** City Zip Code 8. The above named onlity 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 "XP incide, typed or printed name of registered agont and title i applicable (NOTE Registered Agent signature required when revisibility) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May € After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. 11111 Dolele HIE ☐ Change ☐ Addiss MESTRE, FRANCISCO W. NAM NAME U000000610317 4960 SW 82ND AVE STREET ADDRESS SIDELL ADDRESS 02/02/07-80016-022 158.75 MIAMI FL CITY ST 7IP CITY SE /IP TS HIH Delete ☐ Change As is to see MESTRE, AMERICA NAM NAMI 4960 SW 82ND AVE STREET ADDRESS STREET ADDRESS MIAMI FL CITY SI-70 CHY SI AP HHI ☐ Detele IIII □ Change Addition NAM HAM SIRVEL ADDRESS STREET ADDRESS CITY SI-7IP CITY SEZIP ☐ Delele ☐ Change Addans NAMI NAME STREET ADDRESS STREET ADDRESS GITY ST 78° CITY ST 707 11111 ☐ Defete DALE HILL Change NAM NAME SIDEET ADDRESS STREET ADDRESS City-St ZIP CITY-ST 7IP 1111_[☐ Defete TITLE ☐ Change 13.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or direction 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 1 if changed, or on an attachment with an orderess, with all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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Daytime Phone #