


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

5/3/2

**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91070 025 \*\*\*150.00

<b>DOCUMENT # P0000020219</b> 1. Entity Name SAL-CO EQUIPMENT SALES, INC.	
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Principal Place of Business 3635 NW 106 STREET MIAMI, FL 33147	Mailing Address 3635 NW 106 STREET MIAMI, FL 33147
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**66426545**



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0983895	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  PEREZ BEHAR & ASSOC PA 13936 NW 1 AVE MIAMI, FL 33168
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**DO NOT WRITE  
IN THIS SPACE**

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 reissuing))

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, SALVADOR 3635 NW 106 STREET MIAMI, FL 33147
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**DO NOT WRITE  
IN THIS SPACE**

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

**5-31-2004**  
Date Daytime Phone #