


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90008 027 ***150.00

DOCUMENT # P00000020219		
1. Entity Name SAL-CO EQUIPMENT SALES, INC.		

Principal Place of Business 3635 NW 106 STREET MIAMI, FL 33147	Mailing Address 3635 NW 106 STREET MIAMI, FL 33147
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40026548

2. Principal Place of Business - No P.O. Box # 1070 E. 52th street		3. Mailing Address 174 N.E 96th street.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah-Florida		City & State Miami Shores-FLORIDA.	
Zip 33013	Country U.S.A.	Zip 33138	Country U.S.A.



02232007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0983895	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
PEREZ BEHAR & ASSOC PA 13936 NW 1 AVE MIAMI, FL 33168	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, SALVADOR 3635 NW 106 STREET MIAMI, FL 33147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Salvador Gonzalez JR. 2/23/07 30564305425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY Daytime Phone #