12006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 15, 2006 08:00 AM Secretary of State

DOCUMENT # P00000027380 1. Entity Name J B A EQUIPMENT CORP		380				v
Principal Place 7596 W 4TH HIALEAH, FL	LANE	Mailing Address 7596 W 47H LANE HIALEAH, FL 33014		1 (1187)(FE) (17 EE	lat ar iat ar iat ar iak k a	१९१४ मानारक १४वर राजकान । राजकान प्रदेश। विदेशकाल १८ १वका
DO NOT WRITE IN THIS SPACE			CE	02092006 4. FEI Number 65-10104 5. Certificate of	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
PEREZ, JORGE J 7596 W 4TH LANE HIALEAH, FL 33014			DO NOT WRITE IN THIS SPACE			
8. The above named antity 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, byed or printed name of registered agent and titls if applicable processing in the process of 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, byed or printed name of registered agent and titls if applicable processing in 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.						
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10. TITLE MAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP	PTD PEREZ, JORGE J 7596 W 4TH LANE HIALEAH, FL 33014 VSD PEREZ, BIENVENIDA C 7596 W 4TH LANE HIALEAH, FL 33014	DIRECTORS	-		UGOO 02/25/0	00435235 06-80033-814 150.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP		-		DO I	NOT V	VRITE
name Sireei address City-SI-Zip				IN T	HIS S	PACE
INTLE NAME STREET ADDRESS CITY-ST-JIP						
TITLE NAME STREET ADDRESS CITY-SI-DP						
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: VINATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Daylore Prome &						