2004 FOR ... OFFICE USE ONLY

ANNUAL REPORT (AR)

AMENDED

Amended

DOCUMENT # P00000043362

1. Entity Name

*PRORAIL EQUIPMENT CORP.

FILED
04 NOV 16 PM 3:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

11/16/04--01855--020 **70.00

Principal Place of Business	Mailing Address
717 PONCE DE LEON BLVD, STE 234 CORAL GALBES FL 33134	717 PONCE DE LEON BLVD, STE 234 CORAL GALBES FL 33134

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1052273 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FABRE, FRANK R.S. ESQ.
717 PONCE DE LEON BLVD, STE 234
CORAL GALBES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	GUERRA, GIUSEPPE L 717 Ponce de Leon Blvd., #234 Coral Gables, FL 33134	☒ Delete	TITLE DPS NAME STREET ADDRESS CITY-ST-ZIP	GUERRA, GIUSEPPE L 717 Ponce de Leon Blvd., #234 Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	LABEIKOVSKY, WLADIMIRO 717 Ponce de Leon Blvd., #234 Coral Gables, FL 33134	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE AS NAME STREET ADDRESS CITY-ST-ZIP	FABRE, FRANK R. S. 717 Ponce de Leon Blvd., #234 Coral Gables, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE P NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE D S NAME STREET ADDRESS CITY-ST-ZIP	FONTANA, UMBERTO J. 717 Ponce de Leon Blvd., #234 Coral Gables, FL 33134	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Frank R.S. Fabre, Assistant Secretary 11/8/04 305-446-3266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #