

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90021 033 ***150.00

DOCUMENT # P00000043362					
1. Entity Name PRORAIL EQUIPMENT CORP.					
Principal Place of Business 717 PONCE DE LEON BLVD SUITE 234 CORAL GABLES, FL 33134			Mailing Address 717 PONCE DE LEON BLVD SUITE 234 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # 2310 Country Club Prado		3. Mailing Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Coral Gables, FL		City & State		4. FEI Number 65-1052273	
Zip 33134		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FABRE, FRANK R S 717 PONCE DE LEON BLVD SUITE 234 CORAL GABLES, FL 33134					
7. Name and Address of New Registered Agent Name FABRE, FRANK R.S. Street Address (P.O. Box Number is Not Acceptable) 2310 Country Club Prado City Coral Gables, FL Zip Code 33134					
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 <u>3/13/07</u>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GUERRA, GIUSEPPE L 717 PONCE DE LEON BLVD., #234 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GUERRA, GIUSEPPE L 2310 Country Club Prado Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS FONTANA, UMBERTO J 717 PONCE DE LEON BLVD., #234 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS FONTANA, UMBERTO J 2310 Country Club Prado Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS FABRE, FRANK R S 717 PONCE DE LEON BLVD., #234 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS FABRE, FRANK R.S. 2310 Country Club Prado Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ Frank R.S. Fabre Assist Secretary <u>3/13/07</u> <u>305-264-1021</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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