

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P00000043362

1. Entity Name
PRORAIL EQUIPMENT CORP.



Principal Place of Business
**2310 COUNTRY CLUB PRADO
SUITE 234
CORAL GABLES, FL 33134**

Mailing Address
**2310 COUNTRY CLUB PRADO
SUITE 234
CORAL GABLES, FL 33134**



04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1052273	Applied For ☐
5. Certificate of Status Desired ☐	Not Applicable ☐
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FABRE, FRANK R S
2310 COUNTRY CLUB PRADO
CORAL GABLES, FL 33134**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

000000912302
05/07/08-80071-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUERRA, GIUSEPPE L 2310 COUNTRY CLUB PRADO CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FONTANA, UMBERTO J 2310 COUNTRY CLUB PRADO CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FABRE, FRANK R S 2310 COUNTRY CLUB PRADO CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/08 3052941021