

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000050882

1. Entity Name
EQUIPMENT SERVICES OF SOUTH FLORIDA, INC.



Principal Place of Business
5999 N.W. 122ND AVENUE
MIAMI, FL 33178

Mailing Address
PO BOX 526406
MIAMI, FL 33152

FILED
04 APR 30 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01222004 Chg-P CR2E034 (10/03)

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
65-1014678

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLANCO, MARIANA C
100 S.E. 2ND STREET, 18TH FLOOR
MIAMI, FL 33131

Name

Street #

City

Patricia Bernardini
12599 NW 107th Street
Medley, Florida 33178

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

Patricia C. Bernardini

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
CANCIO, JOSE F
5430 NW 104 CT
MIAMI, FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
000035551259 ☐ Change ☐ Addition
05/06/04--01009--011 **150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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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)(l), 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

2-27-04 305892-7101

Date

Daytime Phone #