

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000044643

FILED  
Jan 17, 2005  
Secretary of State

Entity Name: INDEQUIPOS CORPORATION

## Current Principal Place of Business:

5201 BLUE LAGOON DR  
901  
MIAMI, FL 33126

## New Principal Place of Business:

## Current Mailing Address:

5201 BLUE LAGOON DR  
901  
MIAMI, FL 33126

## New Mailing Address:

FEI Number: 65-1108268      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ORTIZ, NATALIA  
923 SW 119 COURT  
MIAMI, FL 33184      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BUSTAMANTE, LUIS GERMAN  
Address: 5201 BLUE LAGOON DR SUITE 901  
City-St-Zip: MIAMI, FL 33126

Title: STD ( ) Delete  
Name: ORTIZ, NATALIA  
Address: 5201 BLUE LAGOON DR  
City-St-Zip: MIAMI, FL 33126

Title: VD ( ) Delete  
Name: RAMIREZ, CLAUDIA  
Address: 5201 BLUE LAGOON DR  
City-St-Zip: MIAMI, FL 33126

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS BUSTAMANTE

P

01/17/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date