

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90167 007 ***150.00

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1. Entity Name
FLORIDA POWER EQUIPMENT ENTERPRISES INC.



Principal Place of Business
8015 NW 8TH STREET
SUITE #310
MIAMI FL 33126

Mailing Address
8217 SW 81ST COURT
MIAMI FL 33134



2. Principal Place of Business

3. Mailing Address

8015 N.W. 8 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#310

City & State

MIAMI FL

4. FEI Number 65-1123967

Applied For

Not Applicable

Zip

Country

Zip

Country

33126

Miami-Dade

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

RIVERO, JESSICA
8217 SW 81ST COURT
MIAMI FL 33134

Name Miguel Crego

Street Address (P.O. Box Number is Not Acceptable)
16429 S.W. 72 Terrace

City MIAMI

FL

Zip Code 33193

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 Miguel Crego

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, 2003 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 P Delete
NAME CARRAJEL, LOURDES
STREET ADDRESS 8217-SW 81 CT
CITY-ST-ZIP MIAMI FL 33143

TITLE President Change Addition
NAME Lourdes Carvajal
STREET ADDRESS 8015 N.W 8 Street, Ste 310
CITY-ST-ZIP MIAMI, Florida 33126

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
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TITLE Change Addition
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03 305-796-5105

Date Daytime Phone #

CR2E034 (10/02)