

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000098347					
1. Entity Name CORGEL TOOLS EQUIPAMENTS, MANUFACTURING, INC.					
Principal Place of Business 4757 NW 72ND.AVE MIAMI FL 33166			Mailing Address 4757NW 72ND.AVE MIAMI FL 33166		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 11-2455053	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PADILHA, ROBERTO 1090 SW 156 AVE HOLLYWOOD FL 33027				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				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 _____ 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, 2007 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	PT	☐ Delete	TITLE	☐ Change	☐ Add
NAME	CLAUDIO, CORREA		NAME		
STREET ADDRESS	1090 SW 156 AVE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33027		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Add
NAME	ROBERTO, PADILHA		NAME		
STREET ADDRESS	1090 SW 156 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33027		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
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CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/06)

4. FEI Number **11-2455053**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 _____
Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

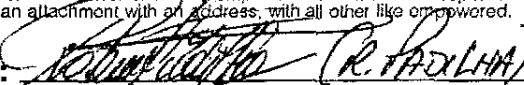
DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
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9. Election Campaign Financing
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption's contained in Section 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:  **(R. PADILHA)** **1/30/07** **305-499-9810**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #