

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000111302**

1. Entity Name

**TAYSHI EQUIPMENT INTERNATIONAL INC.**



Principal Place of Business

**8635 NW 8TH STREET #120  
MIAMI, FL 33126**

Mailing Address

**8635 NW 8TH STREET #120  
MIAMI, FL 33126**



01182004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DELGADO GIRALDO, MARIO G  
8635 NW 8TH STREET #120  
MIAMI, FL 33126**

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000036954  
02/06/04-80079-019-150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME DELGADO GIRALDO, MARIO G  
STREET ADDRESS 8635 NW 8TH STREET #120  
CITY-ST-ZIP MIAMI, FL 33126

TITLE VD  
NAME GISTAU, CRISTINA F  
STREET ADDRESS 8635 NW 8TH STREET #120  
CITY-ST-ZIP MIAMI, FL 33126

TITLE SD  
NAME GARCIA, ANGEL B  
STREET ADDRESS 8635 NW 8TH STREET #120  
CITY-ST-ZIP MIAMI, FL 33126

TITLE TD  
NAME CATALAN, MARIA S  
STREET ADDRESS 8635 NW 8TH STREET #120  
CITY-ST-ZIP MIAMI, FL 33126

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/End Phone #

*Mario Delgado, President* 01-25-04 (305) 772 1126