


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000111302</b> 1. Entity Name <b>TAYSHI EQUIPMENT INTERNATIONAL INC.</b>	
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Principal Place of Business <b>8635 NW 8TH STREET #120 MIAMI, FL 33126</b>	Mailing Address <b>8635 NW 8TH STREET #120 MIAMI, FL 33126</b>
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07102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>DELGADO GIRALDO, MARIO G 8635 NW 8TH STREET #120 MIAMI, FL 33126</b>
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**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)

U000000573096  
08/02/06 88802 007 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELGADO GIRALDO, MARIO G 8635 NW 8TH STREET #120 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GISTAU, CRISTINA F 8635 NW 8TH STREET #120 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARCIA, ANGEL B 8635 NW 8TH STREET #120 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CATALAN, MARIA S 8635 NW 8TH STREET #120 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 exemptions contained in Chapter 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06.25-06