

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000006424  
1. Entity Name  
FASSIEQUIPMENT.COM, CORP.



Principal Place of Business: 4139 N W 135TH ST., #108 MIAMI, FL 33054  
Mailing Address: 4139 N W 135TH ST., #108 MIAMI, FL 33054

**DO NOT WRITE IN THIS SPACE**



04262005 No Chg-P CR2E034 (10/03)  
4. FEI Number: 04-3414732 Applied For / Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
PB&A FINANCIAL SERVICES, CORP.  
13935 NW 1ST AVENUE  
MIAMI, FL 33168

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANDARCIA, MARIA E
STREET ADDRESS	4139 N W 135TH ST., #108
CITY - ST - ZIP	MIAMI, FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000345514  
04/30/05-80038-023 150.00

**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: MARIA E. ANDARCIA 4-26-05 305 6889694.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #