


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90027 039 ***150.00

DOCUMENT # P02000024830
 1. Entity Name
HEAVY EQUIPMENT CLAIMS OF FLORIDA, INC.



40000262



Principal Place of Business: **2431 SOUTH STATE ROAD 7 DAVIE, FL 33317**
 Mailing Address: **PO BOX 267652 WESTON, FL 33326**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: **2441 SOUTH STATE ROAD 7**
 Suite, Apt. #, etc.

01072005 Chg-P CR2E034 (10/03)

City & State: **DAVIE FLORIDA**
 Zip: **33317** Country: **FLORIDA**

4. FEI Number: **30-0073764**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
DADE COUNTY CORPORATE AGENTS, INC.
20801 BISCAYNE BOULEVARD, SUITE 506
AVENTURA, FL 33180

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: **G KORNICIC** DATE: **01-06-05**

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: D	<input type="checkbox"/> Delete
NAME: FEINBERG, MARK	
STREET ADDRESS: 6250 SEDGEWYCK CIRCLE WEST	
CITY-ST-ZIP: DAVIE, FL 33331	
TITLE: D	<input checked="" type="checkbox"/> Delete
NAME: HARROLD, DALE	
STREET ADDRESS: 1553 SPRINGSIDE DRIVE	
CITY-ST-ZIP: WESTON, FL 33326	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: JOSE SANCHEZ	
STREET ADDRESS: 567 SW 79 STREET	
CITY-ST-ZIP: Miami, FL 33130	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ DATE: **1-7-05** DAYTIME PHONE #: **954-583-2989**