


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
 2431 SOUTH STATE ROAD 7 2441 SOUTH STATE ROAD 7
 DAVIE, FL 33317 DAVIE, FL 33317

DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 30-0073764 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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
NAME	FEINBERG, MARK
STREET ADDRESS	6250 SEDGEWYCK CIRCLE WEST
CITY-ST-ZIP	DAVIE, FL 33331
TITLE	D
NAME	SANCHEZ, JOSE
STREET ADDRESS	567 SW 7 STREET
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000389087
 01/20/06-80031-015 150.00

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: Mark Feinberg MARK FEINBERG 1-12-06 954-5832989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #