2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P02000033125

A & A HEAVY EQUIPMENT INC.

Principal Place of Business

Mailing Address

2430 SW 127TH AVENUE MIAMI, FL 33175

2430 SW 127TH AVENUE MIAMI, FL 33175

FILED Apr 21, 2008 08:00 Al Secretary of State



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04162008 No Chg-P CR2E034 (11/05) Applied For

4. FEI Number 37-1428084 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

LOPEZ, FRANCISCO **2430 SW 127TH AVENUE** MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE

the obligat	· · · ·				
SIGNATURE	Signature, typed or printed name of registered agent and title i	al applicable (NOTE: Registered Agent aignatu	rd required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	U00000909464 05/06/08-80070-023 150.00	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, FRANCISCO 2430 SW 127TH AVENUE MIAMI, FL 33175				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			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

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 if 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 en powered 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:

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-2008

Daytime Phone #