
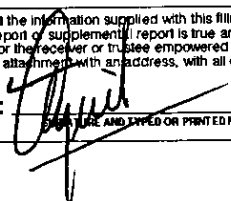


FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90682 004 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000104192				
1. Entity Name A. E. CONSTRUCTION AND EQUIPMENT, INC.				
Principal Place of Business 6760 W 5 PL HIALEAH, FL 33012		Mailing Address 6760 W 5 PL HIALEAH, FL 33012		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 04-3714561
5. Certificate of Status Desired <input type="checkbox"/>				Applied For... Not Applicable
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
AGUILAR, ANTONIO 6760 W 5 PL HIALEAH, FL 33012				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when existing.)</small>				
FILE NOW WITH FEE IS \$150.00 After May 15, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUILAR, ANTONIO		NAME	
STREET ADDRESS	6760 W 5 PL		STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUILAR, ELVIN A		NAME	
STREET ADDRESS	6760 W 5 PL		STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUILAR, DARCEL		NAME	
STREET ADDRESS	6760 W 5 PL		STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: (305) 362-5542 3/12/03	
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #	

90052297



CHECK HERE IF MAKING CHANGES

CRE034 (10/02)