

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90031 036 ***150.00

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DOCUMENT # P02000122469		
1. Entity Name ROTATING EQUIPMENT SPECIALISTS, INC		

Principal Place of Business 2180 ENSENADA TERRACE WESTON, FL 33327 US	Mailing Address 19063 NW 23 PLACE PEMBROKE PINES, FL 33029 US
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2. Principal Place of Business 19063 NW 23 PLACE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pembroke Pines, FL	City & State
Zip 33029	Country US

01212006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1160704	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPEEDY PARA LEGAL SERVICES INC. 2010 SW 23 STREET MIAMI, FL 33145	7. Name and Address of New Registered Agent Name: <u>EDUARDO D. VILA CPA PA</u> Street Address (P.O. Box Number is Not Acceptable) <u>17920 SW 43 ST</u> City: <u>MIAMI</u> FL Zip Code: <u>33145</u>
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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: <u>Eduardo D. Vila</u> DATE: <u>1/20/06</u>	
<small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MARTINEZ, PABLO E 2180 ENSENADA TERRACE WESTON, FL 33327 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RIPOLL, WOLFRAM F 19063 NW 23RD PLACE PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 that address, without other like empowered.	
SIGNATURE: <u>Wolfram F. Ripoll</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>1/20/06</u> (954) 435-5079 <small>Daytime Phone #</small>