

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P02000133715

1. Entity Name

CDR EQUIPMENT CORPORATION



Principal Place of Business

11765 WEST OKEECHOBEE ROAD
HIALEAH GARDENS, FL 33018

Mailing Address

11765 WEST OKEECHOBEE ROAD
HIALEAH GARDENS, FL 33018



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0763026

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVY, CHARLES M ESQ.
11765 WEST OKEECHOBEE ROAD
SUITE 100, AMERICAN ENGINEERING BUILDING
MIAMI, FL 33018

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PD
NAME	GLAZER, RON
STREET ADDRESS	11765 WEST OKEECHOBEE ROAD
CITY- ST- ZIP	HIALEAH GARDENS, FL 33018
TITLE	VD
NAME	LEVY, CHARLES M
STREET ADDRESS	11765 WEST OKEECHOBEE ROAD
CITY- ST- ZIP	HIALEAH GARDENS, FL 33018
TITLE	TD
NAME	GLAZER, D
STREET ADDRESS	11765 WEST OKEECHOBEE ROAD
CITY- ST- ZIP	HIALEAH GARDENS, FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1000000385832
01/23/06-80001-005 158.75

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #