## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Mar 11, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Mar 11, 2005 08:00 A			
DOCU	MENT # P03000027		}	Seci	retary (	of State	
1. Entity Nan ADONEL	THE LEGUIPMENT COMPANY, II	NC,		<u> </u>			
	<del></del>	<del>,</del>					
1	ce of Business	Mailing Address		]			
2101 SW 110 AVE 2101 SW 110 AVE MIAMI, FL 33172 MIAMI, FL 33172							
·	<del></del>			1 (4 2)	AT MUTTER TEETE MALET MAIN MAINL MAIN	l <b>k</b> alla ling sanin satt	D (MIEW (WythWile et ewill
			03042005	No Chg-P	CR2E034 (1	0/03)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb	er		Applied For
				02-068	33883		Not Applicable
				5. Certificate	of Status Desired		5 Additional tequired
	6. Name and Address of Current F	tegistered Agent		4 <del>.,, .,</del> .,	4 72 74		<del>-                                    </del>
GARCIA. (	GERARDO L	<del>**</del> *		D0	NIOT 187	Lafe have	
2101 SW 110 AVE			1	טט	NOT W	KIIE	
MIAMI, FL 33172			ļ	IN .	THIS SP	ACE	
			ļ ŧ				
• The above	anamed entity submits this statement for	the man of the side to the side.				3.1 3	
the obligat	tlons of registered agent.	me barbose or criariding as register	ed dilice or register	ec agent, or oc	nn, in the State of Flo	rioa. Tam iamilia	ir with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent as	nd title if applicable (NOTE Registere	d Agent signature required	when reinstating)	<del></del>	DATE	
<u> </u>		·	Territoria		1		<del></del>
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	ncing \$5.	.00 May Be ed to Fees				
10. TITLE	ÖFFICERS AND I	DIRECTORS	-		O		
NAME	GARCIA, GERARDO L		4				
STREET ADDRESS	2101 SW 110 AVE		·		U0000	0260104	
CITY-ST-ZIP	MIAMI, FL 33172		ł		03/12/05	0260104 -80011 <i>-</i> 01	3 150.00
TITLE NAME			<b>i</b>				
STREET ADDRESS							
CITY-ST-ZIP			<u> </u>				
TITLE		<del>.</del> ,			11.		
NAME STREET ADDRESS					NOT 14	person to sensor grams	
CMY-ST-ZIP			•	DO	NOT W	RITE	
TITLE				IN '	THIS SP	ACE	
NAME STREET ADDRESS			ł	***		# 1 C 3 3 4 4	
CITY-ST-ZIP			l				
TITLE			1				
NAME			ļ				
STREET ADDRESS CITY-ST-ZIP			l				
TITLE		/ /	1				
NAME			[				
STREET ADDRESS			4				
CITY-ST-ZIP	and the short the state of the	and the same of th		- Bain 440 0000	(N) Fladd- Division 1	front	4 db *= f
indicated	certify that the information supplied with I on this report or supplemental report is poration or the receiver or trustee empty , or on an attachment with an address, w	his living does not quality for the exercise and laccurate and that my signal	mption stated in Se ture shall have the	ction 119.07(3) same legal effet	(i), Florida Statutes. I ct as if made under o	turther certify that ath; that I am an	officer or director
or the con changed,	polation of the receiver cylinatee empty, , or on an attachment with an address, w	pered us execute this report as requi thrall other like empowered.	red by Chapter 607	, rionda Statute	as; and that my name	appears in Bloc	KIU OF BIOCK 11 if

Date

Daytime Phone #