

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90190 013 \*\*\*150.00

**DOCUMENT # P03000036881**

1. Entity Name  
**SUNLAND EQUIPMENTS, INC.**



Principal Place of Business  
**13351 S.W. 43RD STREET  
MIAMI, FL 33175**

Mailing Address  
**13351 S.W. 43RD STREET  
MIAMI, FL 33175**

**50019188**



03192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>06-1686533</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BLANCO, GUILLERMO  
13351 S.W. 43RD STREET  
MIAMI, FL 33175**

**DO NOT WRITE  
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 NAME STREET ADDRESS CITY-ST-ZIP	DPST BLANCO, GUILLERMO 13351 S.W. 43RD STREET MIAMI, FL 33175
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
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 #

# ATTACHMENT

50019188  
#P03 000036881

May 2, 2006

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Corporate Filing Fee

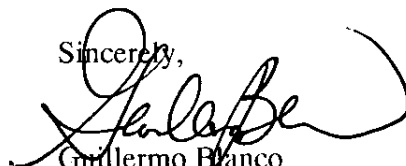
To Whom It May Concern:

I am writing this letter because when I got home yesterday and opened the mail the check that I had sent your office on April 20, 2006 had been sent back to me but not from your office. Apparently, the US Postal Service had misdirected this piece of mail and it ended up in the Clerk of County Court here in Miami. How it got there I have no idea but I am enclosing a copy of the letter they sent me so that you can see that they are telling me that they received \$150.00 but they do not have a citation number to apply it to. Of course they would not have a citation to apply it to the check was payable to Florida Department of State and not to them because it was never for them. I am also enclosing a copy of the envelope that this was all enclosed in so you could see that my check did go out in time and they were returning back to me on April 29<sup>th</sup>.

I know this may sound confusing and no one is more confused than me as to how this check that was sent to you got to them. I contacted your office today and was told to send a letter so that you can please waive any late fee because as you can see this was not my fault.

Should you have any questions, please feel free to contact me at 305-303-0279.

Sincerely,

  
Guillermo Blanco  
Sunland Corporation



METROPOLITAN DADE COUNTY CLERK OF THE COURTS (TRAFFIC)  
COMMUNICATION PRINT

CASE: 9999998 DRIVER: BLANCO, GUILLERMO

WE CANNOT PROCESS YOUR PAYMENT OR REQUEST BECAUSE YOU HAVE NOT PROVIDED US WITH A COPY OF THE CITATION AND LICENSE NUMBER.  
IF YOUR CITATION WAS ISSUED IN ANOTHER COUNTY PLEASE SEND YOUR PAYMENT OR CORRESPONDENCE TO THAT COUNTY.  
PAYMENT IS DUE THIRTY DAYS FROM THE DATE THE CITATION WAS ISSUED, OR YOU MAY REQUEST A TRIAL BY MAIL, OR BY PHONE AT (305) 275-1111.  
FOR ANY MIAMI-DADE COUNTY CITATION, PLEASE NOTIFY OUR OFFICE OF ANY ADDRESS CHANGES. WE REQUEST THAT YOU USE YOUR CITATION NUMBER ON ALL YOUR CORRESPONDENCE WITH OUR OFFICE.

ENCLOSED IS YOUR PAYMENT OF \$150.00

*Handwritten:* *Amended*



*Handwritten signature:* Harvey Ruvin

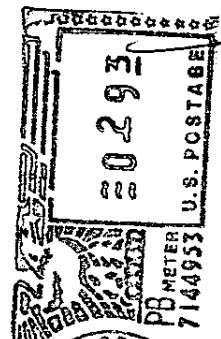
HARVEY RUVIN  
CLERK, CIRCUIT AND COUNTY COURTS

ATTACHMENT

*Handwritten:* 50019188  
*Handwritten:* #P03000036881

RVEY RUVIN  
K  
JIT AND COUNTY COURTS  
JC COURT DIVISION  
V 12TH ST # 8500  
FL 33125  
143 Rev 11/97 Printed on Recycled Paper

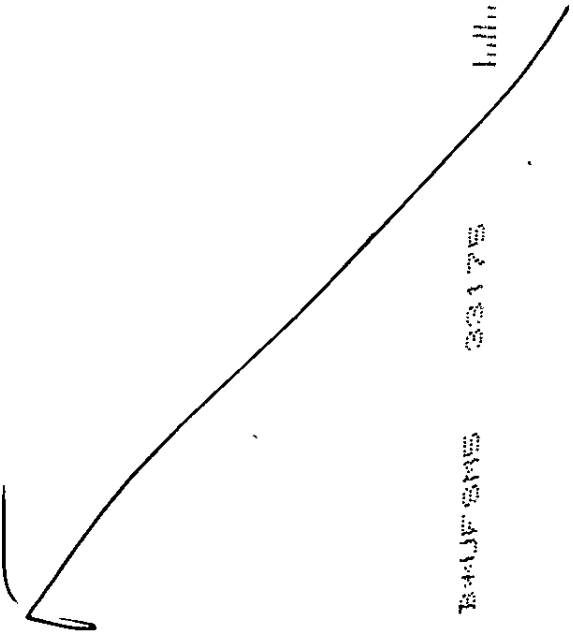
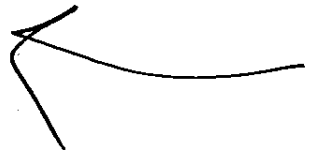
RESORTED  
FIRST CLASS



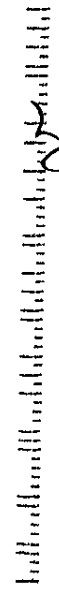
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*Enclosure*