

2004 FOR PROFIT CORPORATION ANNUAL REPORT

03-01-2004 90043 026 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
94022177

DOCUMENT # P03000048226 1. Entity Name U&R HEAVY EQUIPMENT CORP			
Principal Place of Business 		Mailing Address 	
2. Principal Place of Business 3211 NW 6 ST		3. Mailing Address 3211 NW 6 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI, FL	
Zip 33125 Country		Zip 33125 Country	
4. FEI Number 51-0463846		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent 		7. Name and Address of New Registered Agent Name RAYEN RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 3211 NW 6 ST City MIAMI FL Zip Code 33125	
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 2/25/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 P NAME RAYEN RODRIGUEZ STREET ADDRESS 3211 NW 6 ST CITY-ST-ZIP MIAMI, FL 33125	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME ULISES CORREA STREET ADDRESS 3211 NW 6 ST CITY-ST-ZIP MIAMI FL 33125	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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. I am all other like empowered.			
SIGNATURE:		DATE 2/25/04 Daytime Phone # (305) 6423605	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			