


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 20, 2004 8:00 am**  
**Secretary of State**

05-20-2004 90006 038 \*\*\*150.00

<b>DOCUMENT # P03000089614</b>			
1. Entity Name <b>TOTAL INDUSTRIAL EQUIPMENTS &amp; PARTS CORP.</b>			
Principal Place of Business <b>174 EAST 45TH STREET MIAMI, FL 33013</b>		Mailing Address <b>174 EAST 45TH STREET MIAMI, FL 33013</b>	
2. Principal Place of Business <b>174 EAST 45 ST.</b>		3. Mailing Address <b>174 EAST 45 ST.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI - FLORIDA</b>		City & State <b>MIAMI - FLORIDA</b>	
Zip <b>33013</b>	Country <b>DADE</b>	Zip <b>33013</b>	Country <b>DADE</b>
6. Name and Address of Current Registered Agent <b>ABRAMSON, EDWARD J ESQ. 7270 N.W. 12TH STREET SUITE 580 MIAMI, FL 33126</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <b>GEORGE GONZALEZ - S.D.</b> <b>G. Gonzalez</b> <b>5/10/2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALLIA, ADIB 174 EAST 45TH STREET MIAMI, FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DE BALLIA, JUTHY 174 EAST 45TH STREET MIAMI, FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ, GEORGE 174 EAST 45TH STREET MIAMI, FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.		<p><b>NOTE:</b> <b>I DON'T RECEIVED</b> <b>post card.</b></p> <p><b>G. Gonzalez.</b></p>	
SIGNATURE: <b>GEORGE GONZALEZ - S.D.</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>5/10/2004</b> Daytime Phone #	

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03042003 Chg-P CR2E034 (10/03)

4. FEI Number  
**42-1604836** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required