
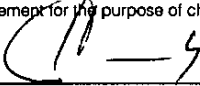



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90092 035 \*\*\*150.00

<b>DOCUMENT # P03000089614</b> 1. Entity Name <b>TOTAL INDUSTRIAL EQUIPMENTS &amp; PARTS CORP.</b>					
Principal Place of Business <b>780 NW 42 AVE #416 MIAMI, FL 33126</b>			Mailing Address <b>17544 NW 177 STREET MIAMI, FL 33015</b>		
2. Principal Place of Business		3. Mailing Address <b>780 N.W. 42 AVE.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>#416</b>			
City & State		City & State <b>MIAMI, FL.</b>		4. FEI Number <b>42-1604836</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33126</b>		Country		Applied For Not Applicable	
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 <b>CORDOVA, ANGEL D.</b> Street Address (P.O. Box Number is Not Acceptable)  <b>780 NW 42<sup>nd</sup> AVE. #416</b> City <b>MIAMI, FL</b> Zip Code <b>33126</b>		
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					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
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-ST-ZIP	<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-ST-ZIP	<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-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			<b>ADIB BALLIA, PRES.</b> 02/09/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

20015414



02072006 Chg-P CR2E034 (11/05)