

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

DOCUMENT # P03000100259

1. Entity Name
J L CAMPOS EQUIPMENTS, INC.



02-14-2005 90083 001 ***150.00
02-14-2005 90083 002 *****8.75

66001847



Principal Place of Business
**3340 SW 92 AVE
MIAMI, FL 33165**

Mailing Address
**3340 SW 92 AVE
MIAMI, FL 33165**

2. Principal Place of Business
11870 SW 187th St
Suite, Apt. #, etc.

3. Mailing Address
11870 SW 187th St
Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33177

Country
USA

Zip
33177

Country
USA

01182005 Chg-P CR2E034 (10/03)

4. FEI Number
13-4262975

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CAMPOS, JORGE L
3340 SW 92 AVE
MIAMI, FL 33165**

7. Name and Address of New Registered Agent

Name **Jorge L. Campos**

Street Address (P.O. Box Number is Not Acceptable)

11870 SW 187th St

City **Miami**

FL

Zip Code **33177**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 **D CAMPOS, JORGE L** ☒ Delete
STREET ADDRESS **3340 SW 92 AVE**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **Jorge L. Campos** ☒ Change ☐ Addition
STREET ADDRESS **11870 SW 187th St**
CITY-ST-ZIP **Miami, FL, 33177**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/05 (786) 253-2488
Date Daytime Phone #