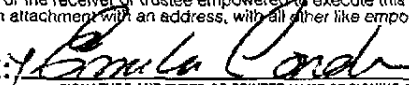
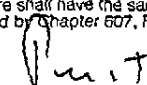
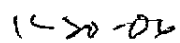


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000076316			
1. Entity Name PRES-CON EQUIPMENT SALES & LEASING CORP.			
Principal Place of Business 9000-A NW 106 ST. MEDLEY, FL 33178		Mailing Address 9000-A NW 106 ST. MEDLEY, FL 33178	
DO NOT WRITE IN THIS SPACE			
		 01212006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 76-0753574	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fees Required
6. Name and Address of Current Registered Agent CARDOSO, EMILIO 3300 S.W. 127 AVE. 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	P		
NAME	CARDOSO, EMILIO		
STREET ADDRESS	3300 S.W. 127 AVE.		
CITY-ST-ZIP	MIAMI, FL 33175		
TITLE	VD		
NAME	CARDOSO, ROBERT		
STREET ADDRESS	788 E. 53 ST.		
CITY-ST-ZIP	HIALEAH, FL 33013		
TITLE	SD		
NAME	ESCOBAR, ARMANDO		
STREET ADDRESS	15731 SW 46 ST		
CITY-ST-ZIP	MIAMI, FL 33185		
TITLE	TD		
NAME	COIRA, JORGE		
STREET ADDRESS	985 W. 44 ST		
CITY-ST-ZIP	HIALEAH, FL 33013		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 # _____	