

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

05 JUN 13 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06092005 Chg-P CR2E034 (10/03)

(P)

DOCUMENT # P04000111502		
1. Entity Name ON TIME EQUIPMENT SERVICES INC.		

Principal Place of Business 3036 SW 21ST TERR MIAMI, FL 33145	Mailing Address 3036 SW 21ST TERR MIAMI, FL 33145
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2. Principal Place of Business 9910 NW 80 Ave 2-C Suite, Apt. #, etc. 2-C	3. Mailing Address 9910 NW 80 Ave 2-C Suite, Apt. #, etc. 2-C
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City & State Hialeah Gardens, FL	City & State Hialeah Gardens, FL	4. FEI Number 20-1432951	Applied For Not Applicable
Zip 33016	Country Dade	Zip 33016	Country Dade

6. Name and Address of Current Registered Agent OBREGON, DAVID A 3470 SW 26 ST MIAMI, FL 33133		7. Name and Address of New Registered Agent Name Victor R. Vega Street Address (P.O. Box Number is Not Acceptable) 9910 NW 80 Ave 2-C City Hialeah Gardens FL Zip Code 33016	
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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 6-10-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VEGA, VICTOR R 3036 SW 21ST TERR MIAMI, FL 33145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Vega, Victor R. 9910 NW 80 Ave 2-C Hialeah Gardens, FL 33016 <input type="checkbox"/> Change <input checked="" 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	600056396326 06/21/05--01051--011 **150.00 <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 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: DATE 6-10-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR