2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 16, 2006 8:00 am DOCUMENT # P04000120291 **Secretary of State** 02-16-2006 90047 046 ***150.00 TC EQUIPMENT & CONTRACTORS INC. Principal Place of Business Mailing Address 2315 NORTHWEST 104TH TERRACE 2315 NORTHWEST 104TH TERRACE **MIAMI FL 33147** MIAMI FL 33147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 65-1231746 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ERNESTU CARUATAL SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** 110001 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. ERWESTO CAN VASAL synnature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD Delete TITLE Addition TITLE ☐ Change CARVAJAL, ERNESTO J NAME NAME 2315 NORTHWEST 104TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33147 CITY-ST-ZIP Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE_ TITLE Change Delete___ Addition NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP Defete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED