ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90387 022 ***150.00

DOCUMENT # P04000120699

1. Entity Name
GLOBAL EQUIPMENT INVESTMENTS, INC

Principal Place of Business	Mailing Address
2301 S W 129TH AVE MIAMI, FL 33175	2301 S W 129TH AVE MIAMI, FL 33175

03222006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
9731 FONTAINEBLEAU BLVD		9731 FONTAINEBLEAU BLVD	
Suite, Apt. #, etc. 204		Suite, Apt. #, etc. 204	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33172	Country MIAMI-DADE	Zip 33172	Country MIAMI-DADE

4. FEI Number 20-1526985 ☐ Applied For ☐ Not Applicable

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

6. **Name and Address of Current Registered Agent**

UMPIERREZ, EVELYN
2301 S W 129TH AVE
MIAMI, FL 33175

7. **Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST UMPIERERREZ, EVELYN 23015 W 129 AVE MIAMI, FL 33175	☐ Delete	ST UMPIERREZ, EVELYN 9731 FONTAINEBLEAU BLVD #204 MIAMI, FL 33172	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	P.D CHRISTIAN BALLACHE 9731 FONTAINEBLEAU BLVD #204 MIAMI, FL 33172	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: ✓ Ballache ✓ PRESIDENT (04/18/06) 786-597-8220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #