2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an add-

SIGNATURE:

Mar 09, 2006 8:00 am **Secretary of State** DOCUMENT # P04000121167 03-09-2006 90160 034 ***150.00 FLORIDA ABRASIVES & EQUIPMENT, INC. Principal Place of Business Mailing Address 300 N FEDERAL HWY PO BOX 4 QUUP * * DANIA BEACH, FL 33004 DANIA BEACH, FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 20-1615652 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HANNIBAL, RICHARD Street Address (P.O. Box Number is Not Acceptable) 300 N-FEDERAL HWY DANIA BEACH, FL 33004 8. The above named entity submits this statement 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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!/ FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE Banta beach, FC 33004 NAME HANNIBAL, RICHARD NAME 300 NTEDERAL HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DANIA BEACH: FL 33004 CITY-ST-7IP ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 aport 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

A OR DIRECTOR

FILED

3-6-06

Daytime Phone #