

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000133586

1. Entity Name
BRANDON'S GLOBAL EQUIPMENT CORP.



Principal Place of Business
18954 NW 57TH AVE # 205
MIAMI, FL 33015

Mailing Address
18954 NW 57TH AVE # 205
MIAMI, FL 33015

2. Principal Place of Business - No P.O. Box #
8528 NW 198st
Suite, Apt. #, etc.

3. Mailing Address
8528 NW 198st
Suite, Apt. #, etc.

City & State
MIAMI FL
Zip 33015 Country U.S.

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MIAMI FL
Zip 33015 Country U.S.

4. FEI Number
20-1558512

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OQUENDO, FREDDY
18954 NW 57TH AVE # 205
MIAMI, FL 33015

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
8528 NW 198st
City MIAMI FL Zip Code 33015

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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

600093713566
03/19/07--01020--001 **150.00

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME OQUENDO, FREDDY
STREET ADDRESS 18954 NW 57TH AVE # 205
CITY-ST-ZIP MIAMI, FL 33015 ADDRESS CHANGE

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8528 NW 198st
CITY-ST-ZIP MIAMI, FL 33015

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. Eckel MAR 12 2007

FILED
07 MAR 12 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03092007 Chg-P CR2E034 (12/06)