


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 07, 2006 08:00 AM**  
**Secretary of State**

|   |   |                                       |   |   |  |
|---|---|---------------------------------------|---|---|--|
| <b>DOCUMENT # P04000161089</b><br>1. Entity Name<br><b>APPROVED EQUIPMENT, INC.</b>   |   |                                       |   |    |  |
| Principal Place of Business<br><b>1313 NW 65 PLACE, UNIT 3<br/>FORT LAUDERDALE FL 33309</b>   |   |                                       | Mailing Address<br><b>1313 NW 65 PLACE, UNIT 3<br/>FORT LAUDERDALE FL 33309</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |                                       | 3. Mailing Address<br>Suite, Apt. #, etc.                                       |   |  |
| City & State  |   |                                       | City & State  |   |  |
| Zip   |   | Country                               |   | 4. FEI Number<br><b>AP-PLIED FOR</b>  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |   | <b>\$8.75 Additional Fee Required</b> |   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATE CREATIONS NETWORK INC.<br/>11380 PROSPERITY FARMS ROAD #221E<br/>PALM BEACH GARDENS FL 33410</b>  |   |                                       |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P O Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____  |   |                                       |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |   |                                       |   | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                  |  |
| 10. OFFICERS AND DIRECTORS  |   |                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                           |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D <input type="checkbox"/> Delete<br><b>GONZALEZ, ALFREDO<br/>1313 NW 65 PLACE, UNIT 3<br/>FORT LAUDERDALE FL 33309</b> |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U00000424288<br/>02/18/06-80043-003 8.75</b>                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U00000424288<br/>02/18/06-80043-004 150.00</b>              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |



1st MOORE CR2E034 (10/05)

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.

SIGNATURE: Alfredo Gonzalez **ALFREDO GONZALEZ** 2/3/06 954-214-8761