

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000170489 1. Entity Name PROFESSIONAL EQUIPMENT CORP.	
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Principal Place of Business 2900 NW 33RD AVE. MIAMI, FL 33142	Mailing Address 2900 NW 33RD AVE. MIAMI, FL 33142
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DO NOT WRITE IN THIS SPACE



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5000272	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HERNANDEZ, JUAN C 2900 NW 33RD AVE. MIAMI, FL 33142
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**DO NOT WRITE
IN THIS SPACE**

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 reinstating) _____ DATE _____

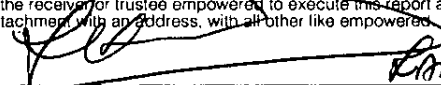
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HERNANDEZ, JUAN C 2900 NW 33RD AVE. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HERNANDEZ, NEMECIO 2900 NW 33 AVE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/30/08-80037-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **JUAN C HERNANDEZ** **4/16/08** **305 633 9994**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #