2008 FOR PROFIT CORPORATION

Apr 17, 2008 08:00 All Secretary of State **ANNUAL REPORT DOCUMENT # P04000170489** 1. Entity Name PROFESSIONAL EQUIPMENT CORP. Mailing Address Principal Place of Business 2900 NW 33RD AVE. 2900 NW 33RD AVE. MIAMI, FL 33142 MIAMI, FL 33142 CR2E034 (11/05) No Chg-P 04152008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-5000272 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERNANDEZ, JUAN C DO NOT WRITE 2900 NW 33RD AVE. MIAMI, FL 33142 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE HERNANDEZ, JUAN C NAME 2900 NW 33RD AVE. STREET ADDRESS MIAMI, FL 33142 CITY-ST-ZIP TITLE NAME HERNANDEZ, NEMECIO 2900 NW 33 AVE STREET ADDRESS MIAMI, FL 33142 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOLE

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 the 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.

NAME STREET ADDRESS CITY-ST-ZIP

FILED