## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 13, 2007 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State			
DOCUMENT # P05000051889  1. Entity Name ALTEQUIPMENT CORPORATION						03-13-2007	7 90013 048 ***15	50.00
Principal Place of Business 9331 S.W. 4TH STREET #215 MIAMI, FL 33174		Mailing Address 9331 S.W. 4TH STREET #215 MIAMI, FL 33174						
2. Principal P	I Place of Business - No P.O. Box # 3. Mailing Address \$4 & C.							
Suite, Apt.	e, Apt. #, etc. Suite, Apt. #, etc.				03082007 Chg-P CR2E034 (12/06)			
City & State		City & State			4. FEI Number Applied For 20-2665816 Not Applicable			
Zip 33174	Country	Zip	Country			f Status Desired	\$8.75 Add	itional
	6. Name and Address of Current	Na	ame	7. Name and A	Address of New R			
GARCIA VILASUSO, TERESITA 9331 S.W. 4TH STREET #215				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL 33174				ty Miam	i E		FL Zip Code	74
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								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOTO, ALEXIS 9331 S.W. 4TH STREET #215 MIAMI, FL 33174	☐ Delete	TITLE NAME STREET ADO CITY-ST-ZI		73 SW	9 Terr 33174	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA VILARSUSO, TERESITA 9331 S.W. 4TH STREET #215 MIAMI, FL 33174	☐ Delete	TITLE NAME STREET ADD	DRESS 899	3 <i>9w</i>	9 Terr. 33174	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-Z	DRESS	•		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD	. 1			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADI CITY-SI-ZI	į.			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADI CITY-ST-ZI	l l			☐ Change	Addition
12. I hereby	certify that the information supplied with	this filing does not qualify fo	r the exempt	ions contained	I in Chapter 119,	Florida Statutes. I	further certify that the in	nformation

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:

STATUS SOLD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oate Daytime Phone #