## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## Feb 26, 2007 8:00 am Secretary of State DOCUMENT # P05000061249 02-26-2007 90059 023 \*\*\*150.00 GLOBAL HEAVY EQUIPMENT APPRAISAL SERVICE, INC. Principal Place of Business Mailing Address 40063000 10525 GREENBRIAR CT. 10525 GREENBRIAR CT. BOCA RATON, FL 33498 BOCA RATON, FL. 33498 CR2E034 (11/05) 02032007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2767724 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MAZZOLA, SEBASTIAN J DO NOT WRITE 10525 GREENBRIAR CT. BOCA RATON, FL 33498 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, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITS F MAZZOLA, SEBASTIAN J NAME STREET ADDRESS 10525 GREENBRIAR CT. BOCA RATON, FL. 33498 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-S1-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME

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 applemental 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 true, led expressive 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 attaction of the receiver or true and appears in Block 10 or Block 11 if changed.

SIGNATURE:

STREET ADDRESS City-St-ZIP

NAME STREET ADDRESS

OFFICER OR DIRECTOR

FILED