

FILED
Mar 17, 2006 8:00 am
Secretary of State

02-03-2006 90016 025 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000072912 1. Entity Name SAN SIMON EQUIPMENT, INC.																															
Principal Place of Business 135 SW 22 AVE. MIAMI, FL 33135		Mailing Address 135 SW 22 AVE. MIAMI, FL 33135																													
2. Principal Place of Business 1712 West Flagler Suite, Apt. #, etc.		3. Mailing Address 1712 West Flagler Suite, Apt. #, etc.																													
City & State Miami Florida		City & State Miami FL																													
Zip 33135		Zip 33135																													
Country USA		Country USA																													
4. FEI Number 20-44755 37		Applied For ☐ Not Applicable																													
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent HERNANDEZ, DANI 135 SW 22 AVE. MIAMI, FL 33135																															
7. Name and Address of New Registered Agent Name Miguel Sanchez Street Address (P.O. Box Number is Not Acceptable) 1712 West Flagler St City Miami FL Zip Code 33135																															
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 Miguel Sanchez DATE 03-10-06																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="width: 50%; padding: 2px;"> DP SANCHEZ, MIGUEL ☐ Delete 135 SW 22 AVE. MIAMI, FL 33135 </td> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> DV SANCHEZ, FIDEL ☐ Delete 135 SW 22 AVE. MIAMI, FL 33135 </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> D SANCHEZ, CARLOS ☐ Delete 135 SW 22 AVE. MIAMI, FL 33135 </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> D SANCHEZ, MANUEL ☐ Delete 135 SW 22 AVE MIAMI, FL 33135 </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> D SANCHEZ, SIMON ☐ Delete 135 SW 22 AVE MIAMI, FL 33135 </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> D SANCHEZ, LOLA ☐ Delete 135 SW 22 AVE. MIAMI, FL 33135 </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> </tbody> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP SANCHEZ, MIGUEL ☐ Delete 135 SW 22 AVE. MIAMI, FL 33135	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DV SANCHEZ, FIDEL ☐ Delete 135 SW 22 AVE. MIAMI, FL 33135	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SANCHEZ, CARLOS ☐ Delete 135 SW 22 AVE. MIAMI, FL 33135	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SANCHEZ, MANUEL ☐ Delete 135 SW 22 AVE MIAMI, FL 33135	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SANCHEZ, SIMON ☐ Delete 135 SW 22 AVE MIAMI, FL 33135	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SANCHEZ, LOLA ☐ Delete 135 SW 22 AVE. MIAMI, FL 33135	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																													
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP SANCHEZ, MIGUEL ☐ Delete 135 SW 22 AVE. MIAMI, FL 33135	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition																												
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DV SANCHEZ, FIDEL ☐ Delete 135 SW 22 AVE. MIAMI, FL 33135	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition																												
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SANCHEZ, CARLOS ☐ Delete 135 SW 22 AVE. MIAMI, FL 33135	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition																												
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SANCHEZ, MANUEL ☐ Delete 135 SW 22 AVE MIAMI, FL 33135	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition																												
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SANCHEZ, SIMON ☐ Delete 135 SW 22 AVE MIAMI, FL 33135	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition																												
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SANCHEZ, LOLA ☐ Delete 135 SW 22 AVE. MIAMI, FL 33135	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition																												
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: Miguel Sanchez DATE 01-26-06																															



ATTACHMENT

66005760

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2006

SAN SIMON EQUIPMENT, INC.
C/O MIGUEL SANCHEZ
1712 WEST FLAGER ST.
MIAMI, FL 33135

SUBJECT: SAN SIMON EQUIPMENT, INC.
Ref. Number: P05000072912

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To insure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office by calling (850) 245-6056.

Division of Corporations

Letter Number: 206A00016067



ATTACHMENT

66005760

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2006

SAN SIMON EQUIPMENT, INC.
135 SW 22 AVE.
MIAMI, FL 33135

Subject: SAN SIMON EQUIPMENT, INC.

Reference Number: P05000072912

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION