


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 26, 2006 8:00 am**  
**Secretary of State**

06-08-2006 90003 021 \*\*\*158.75

<b>DOCUMENT # P05000102241</b>			
1. Entity Name <b>A &amp; B AND SON'S EQUIPMENT COMPANY</b>			
Principal Place of Business <b>13340 SW 1ST STREET MIAMI, FL 33184</b>		Mailing Address <b>13340 SW 1ST STREET MIAMI, FL 33184</b>	
2. Principal Place of Business <b>6201 NW 102nd Ave.</b>		3. Mailing Address <b>7845 NW 57th St.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Doral FL</b>		City & State <b>Doral - FL</b>	
Zip <b>33172</b>		Zip <b>33166</b>	
Country <b>USA</b>		Country	
4. FEI Number <b>Ein. 36-4578781</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BONVECCHIO, ADOLFO 13340 SW 1ST STREET MIAMI, FL 33184</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PRESIDENT BONVECCHIO, ADOLFO 13340 SW 1ST STREET MIAMI, FL 33184</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. PRESIDENT ALAN BONVECCHIO 7845 NW 57th St. Doral - FL 33166</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY ALAN BONVECCHIO 7845 NW 57th St. Doral - FL 33166</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		<b>ADOLFO BONVECCHIO</b> <b>5-31-06</b> <b>305-770-4872</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66020774



05152006 Chg-P CR2E034 (11/05)



ATTACHMENT

66030774

## Division of Corporations

## Annual Report

Annual Report Help

Document Number

P05000102241

Business Entity Name

A &amp; B AND SON'S EQUIPMENT COMPANY

FEI Number

36-437878j

FEI Number Status

Listed Above

Applied For

Not Applicable

Certificate of Status Desired

Yes

No

\$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes

No

## Principal Place of Business

Address

7845 NW 57th STREET

Suite, Apt. #, etc.

City, State

DORAL

, FL

Zip Code &amp; Country 33166

## Mailing Address

Address

7845 NW 57th STREET

Suite, Apt. #, etc.

City, State

DORAL

, FL

Zip Code &amp; Country 33166

## Name and Address of Registered Agent

Name (Last, First, Middle, Title)

BONVECCHIO ADOLFO

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 13340 SW 1ST STREET

Suite, Apt. #, etc.

City, State

MIAMI

, FL

Zip Code &amp; Country

33184

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

**ATTACHMENT**06020774  
# P85000102249

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	DIR
Name (Last, First, Middle, Title)	BONVECCHIO, ADOLFO, H

- OR -

Entity Name to serve as  
Officer/Director

Street Address	13340 SW 1ST STREET
City, State	MIAMI, FL
Zip Code & Country	33184

Title	V-DI
Name (Last, First, Middle, Title)	BONVECCHIO, ALAIN, M

- OR -

Entity Name to serve as  
Officer/Director

Street Address	7835 SW 85th CT
City, State	MIAMI, FL
Zip Code & Country	33143 US

Title	
Name (Last, First, Middle, Title)	

- OR -

Entity Name to serve as  
Officer/Director

Street Address	
City, State	
Zip Code & Country	

Title

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Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

PRES

Officer/Director Signature BONVECCHIO ADOLFO H.

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset