

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90063 035 \*\*\*150.00

<b>DOCUMENT # P05000154970</b> 1. Entity Name <b>S.A. INDUSTRIAL EQUIPMENT AND SUPPLY, INC.</b>			
Principal Place of Business <b>561 NW 109 STREET MIAMI, FL 33168</b>		Mailing Address <b>561 NW 109 STREET MIAMI, FL 33168</b>	
2. Principal Place of Business - No P.O. Box # <b>9737 NW 45 LN</b>		3. Mailing Address <b>49 Colles Box 44</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Doral, FL</b>		City & State <b>Guayama PR</b>	
Zip <b>33178</b>		Zip <b>00966</b>	
Country 		Country 	
4. FEI Number <b>20-3841770</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>QUINTERO, DIEGO J 561 NW 109 STREET MIAMI, FL 33168</b>		7. Name and Address of New Registered Agent Name <b>Quintero, Diego J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>9737 NW 45 LN.</b> City <b>Doral</b> <b>FL</b> Zip Code <b>33178</b>	
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>QUINTERO, DIEGO J 561 NW 109 STREET MIAMI, FL 33168</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Quintero, Diego J.</b> <b>9737 NW 45 LN</b> <b>Doral, FL 33178</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>QUINTERO, HUGO 561 NW 109 STREET MIAMI, FL 33168</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Quintero, Hugo</b> <b>9737 NW 45 LN</b> <b>Doral, FL 33178</b> <input checked="" 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
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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.			
<b>SIGNATURE:</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	