

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 24, 2007 8:00 am
Secretary of State

05-01-2007 90045 031 ***150.00

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DOCUMENT # P06000002071 1. Entry Name ADONEL EQUIPMENT COMPANY OF PALM BEACH, INC.					
Principal Place of Business C/O JONATHAN H. GREEN & ASSOCIATES, P.A. 799 BRICKELL PLAZA, SUITE 700 MIAMI, FL 33131-2816			Mailing Address C/O JONATHAN H. GREEN & ASSOCIATES, P.A. 799 BRICKELL PLAZA, SUITE 700 MIAMI, FL 33131-2816		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-4067269	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GREEN, JONATHAN H C/O JONATHAN H. GREEN & ASSOCIATES, P.A. 799 BRICKELL PLAZA, SUITE 700 MIAMI, FL 33131-2816			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing this report)					
FILE NOW!! FEE IS \$150.00 After May 1, 2007, Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPVS GARCIA, LUIS 2101 NW 110TH AVE MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T GARCIA, LUIS 2101 NW 110TH AVE MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- 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 107, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/30/07 Date		