

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000030699

FILED
Jan 12, 2007
Secretary of State

Entity Name: PALM BEACH TRAILER & EQUIPMENT COMPANY, INC.

Current Principal Place of Business:

PO BOX 260182
PEMBROKE PINES, FL 33026

New Principal Place of Business:

1425 WILKINS AVE
WEST PALM BEACH, FL 33401

Current Mailing Address:

PO BOX 260182
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 04-3847590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIBOWITZ, ALAN
5139 WATERS EDGE WAY
COOPER CITY, FL 33330 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEIBOWITZ, ALAN
Address: 5139 WATERS EDGE WAY
City-St-Zip: COOPER CITY, FL 33330

Title: VP,S () Delete
Name: LEIBOWITZ, SUSAN
Address: 5139 WATERS EDGE WAY
City-St-Zip: COOPER CITY, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN LEIBOWITZ

VP,S

01/12/2007

Electronic Signature of Signing Officer or Director

_____ Date