

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000038822

1. Entity Name
C. A. EQUIPMENT & SERVICES CORP.



Principal Place of Business
8338 NW 56 STREET
DORAL, FL 33166 US

Mailing Address
8338 NW 56 STREET
DORAL, FL 33166 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4520472 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BATISTA, CARMEN M
8338 NW 56 STREET
DORAL, FL 33166

Name Montes de Oca, CARMEN MARIA

Street Address (P.O. Box Number is Not Acceptable)

8338 NW 56 Street

City DORAL

FL Zip Code 33166

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 *CARMEN M. Montes de Oca*

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

03/07/07

DATE

10. OFFICERS AND DIRECTORS

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

TITLE P
NAME BATISTA, CARMEN M
STREET ADDRESS 8338 NW 56 STREET
CITY-ST-ZIP DORAL, FL 33166

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Montes de Oca, CARMEN M. 8338 NW 56 STREET DORAL, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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: *CARMEN M. Montes de Oca.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/07 786-280-5804

Date

Daytime Phone #