

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000124074

Entity Name: MACHINERY DEPOT INC

FILED
Mar 20, 2007
Secretary of State

Current Principal Place of Business:

9613 NW 33 RD STREET
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

9613 NW 33 RD STREET
DORAL, FL 33172

New Mailing Address:

FEI Number: 20-5621723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, JOSE H
9613 NW 33 RD STREET
DORAL, FL 33172 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: ALVAREZ, JOSE H
Address: 9995 NW 51 TERRACE
City-St-Zip: DORAL, FL 33178

Title: VP () Delete
Name: BARRERO, JAIME E
Address: 9995 NW 51 TERRACE
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALVAREZ, JOSE H
Address: 7657 NW 116 TRACE
City-St-Zip: DORAL, FL 33178

Title: VP (X) Change () Addition
Name: MEJIA, LINA M
Address: 9613 NW 33 RD STREET
City-St-Zip: DORAL, FL 33172

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: JOSE H ALVAREZ

P

03/20/2007

Electronic Signature of Signing Officer or Director

_____ Date