

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000004424

**FILED**  
**May 02, 2011**  
**Secretary of State**

**Entity Name:** 1 A EQUIPMENT SERVICES INC

**Current Principal Place of Business:**

1939 CROSS PONTE WAY  
ST AUGUSTINE, FL 32092

**New Principal Place of Business:**

4139 237TH PL SE  
45-C  
BOTHHELL, WA 32092

**Current Mailing Address:**

1939 CROSS PONTE WAY  
ST AUGUSTINE, FL 32092

**New Mailing Address:**

4139 237TH PL SE  
45-C  
BOTHHELL, WA 32092

**FEI Number:** 20-8210592

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ACHURY, SERGIO P  
1939 CROSS PONTE WAY  
ST AUGUSTINE, FL 32092 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ACHURY SERGIO,  
Address: 1939 CROSS POINTE WAY  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: VP  
Name: ACHURY, AIDA E  
Address: 1939 CROSS POINTE WAY  
City-St-Zip: ST AUGUSTINE, FL 32092

I hereby 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 all other like empowered.

SIGNATURE: SERGIO ACHURY

MR

05/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date