2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# P08000045268

Entity Name: FLORIDA MACHINERY CORP.

Current Principal Place of Business:

1120-99 ST APT #303
BAY HARBOR ISLANDS, FL 33154

New Principal Place of Business:

6631 NW 73RD CT
MIAMI, FL 33166

Current Mailing Address:

1120-99 ST APT #303
BAY HARBOR ISLANDS, FL 33154

New Mailing Address:

6631 NW 73RD CT
MIAMI, FL 33166

FEI Number: 90-0374955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACOSTA, MANUEL A
1120-99 ST APT #303
BAY HARBOR ISLANDS, FL 33154 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: DP ( ) Delete
Name: VENTURA, ABILIO D
Address: AVE ARAGUA FRENTE A MANPA
City-St-Zip: MARACAY, ESTADO ARAGUA,

Title: DS ( ) Delete
Name: FERNANDES, JULIO M
Address: URBANIZACION LA SORPRESA AVE 54 CALE 17
City-St-Zip: PURTO CABELLO ESTADO CARABOB, O

Title: DT ( ) Delete
Name: ACOSTA, MANUEL A
Address: 1120-99 ST APT #303
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: MANUEL ACOSTA DP 04/21/2009

Electronic Signature of Signing Officer or Director — Date