2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

7/7/2005-90003-031-$500.00-$500.00

FILED

05 SEP 15 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FL

60027348

1st MOORE CR2E034 (10/04)

DOCUMENT # P93000008958

1. Entity Name

O2 TECH & EQUIPMENT, INC.

Principal Place of Business	Mailing Address
7801 CORAL WAY, #101 MIAMI FL 33158	~~414 S.W. 134TH COURT MIAMI FL 33184~~

2. Principal Place of Business	3. Mailing Address
7801 Coral Way	7801 Coral Way
Suite, Apt. #, etc.: 101	Suite, Apt. #, etc.: Suite # 101
City & State: Miami - Fla -	City & State: Miami Fla -
Zip: 33155 Country: Dade.	Zip: 33155 Country:

4. FEI Number: 65-0385357 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEL SOL, MIRIAM C
414 SW 134 CT.
MIAMI FL 33184

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 [signature] 06/30/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DEL SOL, MIRIAM C		NAME	
STREET ADDRESS	414 S.W. 134 COURT		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33184		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 08/05/05 Cell (305) 776-6570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #