2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000010465

1. Entity Name
KYMCO EQUIPMENT AND PARTS, INC.

Principal Place of Business	Mailing Address
1794 MICANOPY AVE MIAMI, FL 33133	1794 MICANOPY AVE MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

02032005   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0392171	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

WEITZMAN, JACK L
9190 SUNSET DR
MIAMI, FL 33176

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

U00000229701
02/15/05-80006-024 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	GARCIA-ALLEN, EDUARDO
STREET ADDRESS	8001 N.W. 64 ST.
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ EDUARDO GARCIA-ALLEN   2/9/05   (305) 860 2310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #