


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90008 038 \*\*\*150.00

<b>DOCUMENT # P93000040277</b>	
1. Entity Name <b>SAL-CO EQUIPMENT RENTAL &amp; SALES, INC.</b>	

Principal Place of Business <b>3635 NW 106 ST MIAMI, FL 33147</b>	Mailing Address <b>3635 NW 106 ST MIAMI, FL 33147</b>
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2. Principal Place of Business - No P.O. Box # <b>1070 E. 52th street</b>	3. Mailing Address <b>14 NE 96th ST.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Hialeah-Florida</b>	City & State <b>Miami Shores</b>
Zip <b>33013</b>	Country <b>U.S.A.</b>
Zip <b>33138</b>	Country <b>U.S.A.</b>

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>GONZALEZ, SALVADOR JR 8310 NW 154 TERR MIAMI LAKES, FL 33016</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GONZALEZ, SALVADOR JR. 8310 NW 154 TERR MIAMI LAKES, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Salvador Gonzalez JR. 2/23/07 3056935429  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #