## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 10, 2006 08:00 AM Secretary of State

	4	ANNUAL	REPURI					0 00.00
1. Entity Nam	ne	95000058 UIPMENT, INC				S	ecretar	y of Sta
Principal Plac 8407 PINES PEMBROKE I		US	Mailing Address 8407 PINES BLVD. PEMBROKE PINES, FL 33024	US				
D			IN THIS SPACE	CE	01172006 No Chg-P CR2E034 (11/0  4. FEI Number 65-0597988  5. Certificate of Status Desired  \$8.75 Fee Req			
	6. Name and A	ddress of Current R	egistered Agent				-	
MIAMI, FL	DALE BLVD . 33176				IN T	NOT W	PACE	
the obligat	named entity submitions of registered ac		the purpose of changing its registere	ed office or register	ed agent, or both	h, in the State of Flo	xida. I am familia	r with, and accept
SIGNATURE_	Signature, typed or printed	I name of registered agent er	nd title if applicable. (NOTE, Registerer	d Agent signature required	when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finar  Trust Fund Contribution.				~	.00 May Be ed to Fees			
10.		OFFICERS AND D	PIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE VILLA, GON 1276 CAMELIA FORT LAUDER				*			<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		<b>.</b>		uoon 02/21/0	00428851 6-80062-0	19 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN 7	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME								

12. Thereby certify that the information supplied with this filling 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: \

STREET ADDRESS

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26/06

Q-Y-Daytime Phone #