

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000075737

FILED
Jan 26, 2009
Secretary of State

Entity Name: TOTAL EQUIPMENT SUPPLIERS, INC.

Current Principal Place of Business:

3057 NW 82ND AVE
DORAL, FL 331221057 US

New Principal Place of Business:

4811 NW 79 AVE
2
DORAL, FL 33166 US

Current Mailing Address:

3057 NW 82ND AVE
DORAL, FL 331221057 US

New Mailing Address:

4811 NW 79 AVE
2
DORAL, FL 33166 US

FEI Number: 65-0630238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

UMANSKY, TRACEY E
1328 CASTILE AVE
MIAMI, FL 33184 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: D () Delete
Name: UMANSKY, TRACEY E
Address: 1328 CASTILE AVE
City-St-Zip: MIAMI, FL 33134

Title: D () Delete
Name: SERRA, UBALDO
Address: 2001 SW 143RD CT
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: UBALDO A. SERRA

D

01/26/2009

Electronic Signature of Signing Officer or Director

Date