

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000079774

1. Entity Name
SUNFLO EQUIPMENT, INC.



Principal Place of Business
**10185 COLLINS AVE.
1518
BAL HARBOUR, FL 33154 US**

Mailing Address
**% LIANNE J. MOORE
2565 SHETLAND PARK
ST. LAZARE, QUEBEC, CANADA, J7T -2B1**



07102006 No Chg-P CR2E034 (11/05)

4. FEI Number
98-0158924

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PERLOW, JEFFREY M
1820 E. HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009**

**DO NOT WRITE
IN THIS SPACE**

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)

000000569320
07/11/06-80019-025 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MOORE, LIANNE J
2565 SHETLAND PARK, ST. LAZARE
QUEBEC CANADA, J7T 2B1**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MOORE, RICHARD W
1225 ROCKLAND
MT ROYAL QUEBEC, CANADA, H3P 2X9**

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

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 10/06 **514.333-1212**
Date Daytime Phone #