
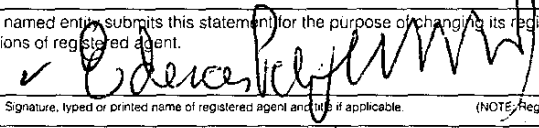
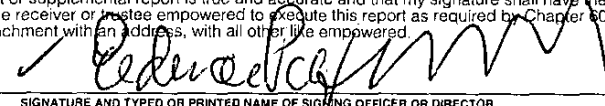


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90016 020 ***150.00

DOCUMENT # P97000016408 1. Entity Name NORTH AMERICAN TRADE EQUIPMENT, INC.																													
Principal Place of Business 10877 NW 33 STREET MIAMI, FL 33172			Mailing Address 10877 NW 33 STREET MIAMI, FL 33172																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		03122004 Chg-P CR2E034 (10/03)																									
4. FEI Number 65-0734686				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent PREPELITCHI, EDUARDO 15601 S.W. 14 STREET PEMBROKE PINES, FL 33027			7. Name and Address of New Registered Agent Name PREPELITCHI, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 911 S.W. 171 Terrace City PEMBROKE PINES FL Zip Code 33027																										
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  DATE 04/02/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																										
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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: 			DATE 04/02/04 DAYTIME PHONE # (305) 592-2611																										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR EDUARDO PREPELITCHI																													