2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000016408

FILED Apr 04, 2005 8:00 am Secretary of State

04-04-2005 90100 041 ***150 00

1. Entity Name NORTH AMERICAN TRADE EQUIPMENT, INC.								04-04-2003	J0100 04	1 13	0.00
Principal Place	of Business	3	Mailing Address	s ·						٠. •	
10877 NW 33 STREET MIAMI, FL 33172		10877 NW 33 STREET MIAMI, FL 33172							5003	3910	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #. etc.		Suite, Apt. #, etc.				03312005	Chg-P	CR2E03	34 (10/03)	•	
City & State			City & State			-	4. FEI Number				plied For
Zip Country		Zip Cou		Country	_		of Status Desired		\$8.75 Add	ditional	
	6 Name	and Address of Current	Registered Agent					Address of New R		ee Require	
	O. Name	and Address of Current	V Pagistered Agent		Name	Dag					
PREPELITCHI, EDUARDO				Chrost A	Name PREPELITCHI EDUARDO Street Address (P.O. Box Number is Not Acceptable)						
911 SW 17 PEMBROK			Street A			daress (F	2.O. BOX NUMO	er is Not Acceptable	=) 		
LINDIGO	/,					657	T SW	156 AVE	-		
			V		City &	EMA	BROKE	PINES	FL	Zip Cod	027
		y submits this statement fo	r the purpose of d	anging its req	gistered office or	r register	ed agent, or bo	th, in the State of Flo	orida. I am fa	amiliar with,	and accept
the obligati	ions of relgist	ared agent.	al/MA N	م. دیخا	ais la	1-			04-01	1- 2m	25-
SIGNATURE_	740	XIII III		EDUA	KEN TILL	epel	IICHI			500	
	Signature, typed	or printed name of registered agent a	and title if applicable.	/ (NOTE: Re	egistered Agent signati	are required	when reinstating)		DATE		
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FILI After Ma	E NOW!!! ay 1, 200!	FEE IS \$150.00	9. Electic Trust F	on Campaign und Contribi	Financing ution.	\$5.	00 May Be ad to Fees	CHANGES TO OFF			
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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 signarities 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 attachment with an address, with attachment with a proportion 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 signarities 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 of the corporation of 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 of the corporation of the corpora

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDUARDO PRESEURM Date

04-01-2005

305/592-2611

Daytime Phone #