


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-04-2005 90100 041 ***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
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50033910

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03312005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0734686	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PREPELITCHI, EDUARDO 911 SW 171 TERRACE PEMBROKE PINES, FL 33027	
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7. Name and Address of New Registered Agent Name PREPELITCHI, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 1657 SW 156 AVE City PEMBROKE PINES FL Zip Code 33027	
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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 EDUARDO PREPELITCHI <small>Signature, typed or printed name of registered agent and title if applicable.</small>	EDUARDO PREPELITCHI <small>(NOTE: Registered Agent signature required when reinstating)</small>	04-01-2005 <small>DATE</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUIAR, ALEXANDER 16400 COLLINS AVENUE #443 MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PREPELITCHI, EDUARDO 911 SW 171 TERR. PEMBROKE PINES, F: 33027 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PREPELITCHI, EDUARDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1657 SW 156 AVE PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: EDUARDO PREPELITCHI <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	EDUARDO PREPELITCHI <small>Date</small>	04-01-2005 305/592-2611 <small>Daytime Phone #</small>
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