

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000020430

FILED
May 03, 2006
Secretary of State

Entity Name: SUN BELT HYDRAULIC & EQUIPMENT, INC.

Current Principal Place of Business:

1587 SW 4TH AVE
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

1587 SW 4TH AVE
DELRAY BEACH, FL 33444 US

New Mailing Address:

FEI Number: 65-0742385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAVEZ, MARIO P
3540 CYPRESS WOOD CT
LAKE WORTH, FL 33467 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: CHAVES, MARIO P
Address: 3540 CYPRESS WOOD CT
City-St-Zip: LAKE WORTH, FL 33467

Title: VP () Delete
Name: CASAGRANDE, CARL
Address: 1737 NW 126 DR
City-St-Zip: CORAL SPG, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHAVEZ, MARIO P
Address: 3540 CYPRESS WOOD CT
City-St-Zip: LAKE WORTH, FL 33467

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CARL CASAGRANDE

VP

05/03/2006

Electronic Signature of Signing Officer or Director

_____ Date