


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000045319		
1. Entity Name S.C. EQUIPMENT & PARTS, INC.		

Principal Place of Business 3251 W. OKEECHOBEE RD HIALEAH, FL 33012	Mailing Address 3251 W. OKEECHOBEE RD HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	
CASAS, EDWARD 6039 COLLINS AVE #1034 MIAMI BEACH, FL 33148	

FILED

07 MAY 14 4:08 PM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0758513	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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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 _____	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P CORREDERO, FRANCISCO 3251 W. OKEECHOBEE RD HIALEAH, FL 33012
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06/01/07--01009--015 **150.00

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: 	F. CORREDERO	4/24/07	305 864 3182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #