2004 FOR PROFIT CORPORATION

Jan 20, 2004 08:00 AM **ANNUAL REPORT** Secretary of State DOCUMENT # P97000100513 CARDINAL EQUIPMENT OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 2700 NW 33 STREET 1730 SOUTH FEDERAL HIGHWAY POMPANO BEACH, FL 33069 SUITE 284 DELRAY BEACH, FL 33483 01132004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0796443 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BIANCHINI, JASON DO NOT WRITE 1730 S FEDERAL HWY SUITE 284 IN THIS SPACE DELRAY BEACH, FL 33483 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. (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 reinstaling) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. **PVST** TITLE NAME BIANCHINI, JASON STREET ADDRESS 1730 SOUTH FEDERAL HIGHWAY U00000008289 01/20/04-80057-011 158.75 CITY-ST-ZIP DELRAY BEACH, FL 33483 TITLE NAME BIANCHINI, JASON 1730 SOUTH FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther 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 empewered 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

CITY-ST-ZIP BELE NAME STREET ADDRESS City-St-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP

March 5450N BIANCHIN I

FILED