

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000001076

1. Entity Name
WESTERN EQUIPMENT INTERNATIONAL, INC.



FILED
Feb 04, 2004 08:00 AM
Secretary of State

Principal Place of Business
**4503 NW 49TH DRIVE
TAMARAC, FL 33319-5826**

Mailing Address
**4503 NW 49TH DRIVE
TAMARAC, FL 33319-5826**



02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0807024

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOVANOVIC, DOUGLAS
888 S.E. 3RD AVE. STE. 400
FORT LAUDERDALE, FL 33316**

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GINGRAS, SUZANNE 4503 NW 49TH DRIVE TAMARAC, FL 333195826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CHARIE, ALBERT QUARTIER DU MOULIES, BP 40161 PARENTIS EN BORN, FRAN.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHARIE, GERMAINE QUARTIER DU MOULIES, BP 21 40161 PARENTIS EN BORN, FRAN.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000036245
02/06/04-80051-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Suzanne Gingras
SUZANNE GINGRAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 9/2004 954-730-8867

Date

Daytime Phone #