


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000001076 1. Entity Name WESTERN EQUIPMENT INTERNATIONAL, INC.	
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Principal Place of Business 4503 NW 49TH DRIVE TAMARAC, FL 33319-5826	Mailing Address 4503 NW 49TH DRIVE TAMARAC, FL 33319-5826
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DO NOT WRITE IN THIS SPACE



03112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0807024	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/16/05-80005-012 150.00

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: *S. Gingras* **3/14/05 954.730-3367**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #