

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000001076

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: WESTERN EQUIPMENT INTERNATIONAL, INC.

## Current Principal Place of Business:

4503 NW 49TH DRIVE  
TAMARAC, FL 333195826

## New Principal Place of Business:

## Current Mailing Address:

4503 NW 49TH DRIVE  
TAMARAC, FL 333195826

## New Mailing Address:

FEI Number: 65-0807024      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JOVANOVIC, DOUGLAS  
888 S.E. 3RD AVE. STE. 400  
FORT LAUDERDALE, FL 33316      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: P ( ) Delete  
Name: GINGRAS, SUZANNE  
Address: 2831 SOMERSET DR 214B  
City-St-Zip: LAUDERDALE LAKES, FL 333111970

Title: DV ( ) Delete  
Name: CHARIE, ALBERT  
Address: QUARTIER DU MOULIES, BP  
City-St-Zip: 40161 PARENTIS EN BORN, FRAN, FR

Title: DS ( ) Delete  
Name: CHARIE, GERMAINE  
Address: QUARTIER DU MOULIES, BP 21  
City-St-Zip: 40161 PARENTIS EN BORN, FRAN, FR

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: SUZANNE GINGRAS

P

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date