

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000015599

1. Entity Name
DMR EQUIPMENT CORP.



Principal Place of Business
**11765 W. OKEECHOBEE RD.
HIALEAH GARDENS, FL 33018**

Mailing Address
**11765 W. OKEECHOBEE RD.
HIALEAH GARDENS, FL 33018**



D1092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0814112

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GLAZER, DAVID
11765 W. OKEECHOBEE RD.
HIALEAH GARDENS, FL 33018**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GLAZER, RONALD
STREET ADDRESS	3581 SW 118TH AVE.
CITY-ST-ZIP	DAVIE, FL 33330
TITLE	DVP
NAME	CARPENTER, MARK
STREET ADDRESS	711 INTRACOASTAL DR.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304
TITLE	DST
NAME	GLAZER, DAVID
STREET ADDRESS	3945 CARSON AVE.
CITY-ST-ZIP	COOPER CITY, FL 33026
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/06-80001-008 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.11.06

Date

305-825-9800

Daytime Phone #