## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Jan 11, 2007 8:00 am Secretary of State **DOCUMENT # P98000020678** 1. Entity Name 01-11-2007 90047 023 \*\*\*150.00 D.C. EQUIPMENT CORP. Mailing Address Principal Place of Business 1175 N.E. 125 STREET 1175 N.E. 125 STREET **SUITE 416** SUITE 416 NORTH MIAMI, FL 33161 NORTH MIAMI, FL 33161 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01082007 Chg-P Applied For City & State 4. FEI Number City & State 65-0853333 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RODRIGUEZ, RICARDO L Street Address (P.O. Box Number is Not Acceptable) 2076 N.E. 121 ROAD NORTH MIAMI, FL 33181 th Ter. FEI W.Z FS13 Miramar 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May 8e 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition Delete TITLE TITLE Rodriguez, Ricardo L 5127 S.W 137th Ter RODRIGUEZ, RICARDO L NAME MAME STREET ADDRESS 2076 N.E. 121 ROAD STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL 33181 CITY-ST-ZIP Miramar, FI 33027 ☐ Delete ☐ Change Addition TITLE TITLE VINENT, MANUEL A NAME NAME STREET ADORESS STREET ADDRESS 3821 SW 138TH CT MIAMI, FL 33175 CITY-ST-ZIP CITY-ST-7P Change Addition TITLE Delete TITLE GONZALEZ, ISMAEL VICTOR NAME MARKE STREET ADDRESS 19300 W ST ANDREWS DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 33015 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information change of the mornation supplied with an sharing overs not quality for the exemptions contained in Chapter 119, Florida Statutes. Further certify that the miormation indicated on this report or suppliemental 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.

Wichelo L Rodrigod 8 2007 (305)

**FILED**