

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90006 048 ***150.00

DOCUMENT # P98000021683					
1. Entity Name SOUTHERN INDUSTRIAL EQUIPMENT, INC.					
Principal Place of Business 1430 BRICKELL BAY DR. SUITE #1203 MIAMI, FL 33131			Mailing Address 1430 BRICKELL BAY DR. SUITE #1203 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent GUZMAN, DANIEL 1430 BRICKELL BAY DR. SUITE #1203 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name: <u>IGNACIO GUZMAN</u> Street Address (P.O. Box Number is Not Acceptable): <u>1430 BRICKELL BAY DR.</u> <u>SUITE #1203</u> City: <u>MIAMI</u> <u>FL</u> Zip Code: <u>33131</u>	
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: <u>IGNACIO GUZMAN</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete GUZMAN, DANIEL 1401 NW 123 STREET PEMBROKE PINES, FL 33026		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>IGNACIO GUZMAN</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition <u>1430 BRICKELL BAY DRIVE</u> <u>SUITE #1203</u> <u>MIAMI, FL 33131</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVMT <input type="checkbox"/> Delete GUZMAN, IGNACIO 1430 BRICKELL BAY DR 1203 MIAMI, FL 33111		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>IGNACIO GUZMAN</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					