


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000021683**  
1. Entity Name  
**SOUTHERN INDUSTRIAL EQUIPMENT, INC.**



Principal Place of Business <b>1430 BRICKELL BAY DR. SUITE #1203 MIAMI, FL 33131</b>	Mailing Address <b>1430 BRICKELL BAY DR. SUITE #1203 MIAMI, FL 33131</b>
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02152006 No Chg-P CR2E034 (11/05)

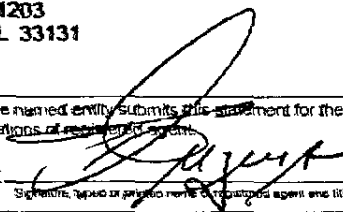
**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0821345</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**GUZMAN, IGNACIO  
1430 BRICKELL BAY DR.  
SUITE #1203  
MIAMI, FL 33131**

**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:  DATE: **2-16-2006**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

**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

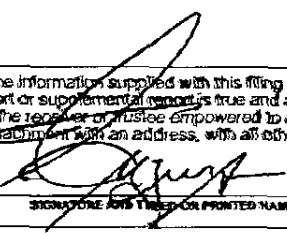
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUZMAN, IGNACIO 1430 BRICKELL BAY DR STE 1203 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMNT GUZMAN, ISABEL 8471 SW 5TH STREET MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUZMAN, IGNACIO 1430 BRICKELL BAY DR STE 1203 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC GUZMAN, IGNACIO 1430 BRICKELL BAY DR STE 1203 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/28/06-80063-008 150.00

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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:  DATE: **2/16/2006 (305) 546-3612**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR