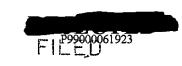
## 2006 FOR PROFIT CORPORATION

## ANNUAL REPORT **DOCUMENT # P99000061923** 1. Entity Name **FX EQUIPMENT CORPORATION** Principal Place of Business Mailing Address 6020 LAKE WORTH ROAD **6020 LAKE WORTH ROAD** LAKE WORTH, FL 33463 LAKE WORTH, FL 33463



2006 JUL -6 AM 9: 11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

06-27-2006999050 001 150

## DO NOT WRITE IN THIS SPACE

05182006 No Chg-P CR2E034 (11/05)

4.	FEI Number 65-0933862	
_		 

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOX, TIMOTHY A 6020 LAKE WORTH RD LAKE WORTH, FL 33463

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

	ions of registered agent.		g its registered i	DINCE OF F	egistered agent, or o	oun, in the State of Fiorica. I am tamiliar with, and accept	
	Signature, typed or printed name of registered agent and to	te l'applicable	(NOTE: Regimered Ag	ent signatur	(क्यांग्रेक्ट्र स्टब्क् (काव्यः)	DATE	
FILE NOWIII FEE IS \$550.00  Due by September 6, 2006  9. Election Campaign Finance Trust Fund Contribution.				·g 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIR	ECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX, TIM 6020 LAKE WORTH RD LAKE WORTH, FL 33463						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-S1-ZP							
TITLE  MANE  STREET ADDRESS  CITY-ST-ZIP							
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	B 1/11/01				•		
12. Thereby 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 indicated on this report or supplemental report is true and accurate and that my signature shall have the same tegel effect as if made under oath; that time 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 pipother like empowered.							

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR