## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 18, 2008 8:00 am Secretary of State

Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  DO NOT WRITE IN THIS SPACE  City & State  HAIEALEAH GARDENS, FL  Zip  Country  Zip  Country  This space  Country  Country  To Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable)  But the space of Country  Street Address (P.O. Box Number is Not Acceptable)  City  HIALEAH GARDENS  City  HIALEAH GARDENS  To Not Acceptable  City  HIALEAH GARDENS  Street Address of Country  Street Address of Country  City  HIALEAH GARDENS  Street Address of Country  Not Acceptable  City  HIALEAH GARDENS  FL  Zip Coo  3301  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am transition with, and accept the obligations of registered agent.  SIGNATURE  ANGEL CASANUEVA JR  NOTE: Registered Agent signature required when reinstating)  DATE  January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$550.00  Section Campaign Financing  So Note May 1 Fee is \$550.00	DOCUMENT # P99000071992  1. Entity Name					01-18-2008 90007 016	5 <b>***</b> 150.00
2. Principal Place of Business 8817 W 36 AVE STE 101 Suite, Apt. #, etc.  City & State  Alexander Agronal Place of Business 8817 W 36 AVE STE 101 Suite, Apt. #, etc.  City & State  City & State  City & State  Applied HaleALEAH GARDENS, FL  Zip Zip Zip Country Zip Country S. Certificate of Status Desired Fee Req Angel CASANUEVA JR Street Address of Current Registered Agen Name Angel CASANUEVA JR Street Address (P.O. Box Number is Not Acceptable)  817 W 36 AVE STE 101  City HALEAH GARDENS FL Zip Coc HALEAH GA	AC EQUIPMENT R	ENTAL INC				,	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  A1. FEI Number  Applied  A33018  Country  Coun	DO	NOT WRIT	E IN THIS S	PА	CE	40005011	
Suite, Apt. #, etc.  City & State  Country  Country  Country  Country  Country  S. Certificate of Status Desired  Sat 7x, Name and Address of Current Registered Agen  Name  ANGEL CASANUEVA JR  Street Address (P.O. Box Number is Not Acceptable)  6817 W 36 AVE STE 101  City  Country  City  C			3. Mailing Address				
HAIEALEAH GARDENS, FL Zip Zip Country Zip Country 5. Certificate of Status Desired Server Agent Name ANGEL CASANUEVA JR Street Address (P.O. Box Number is Not Acceptable) 6817 W 36 AVE STE 101  Liny January 1- May 1 Fee is \$55.00 Atter May 1, Fee is \$55.00 Atter May 1, Fee is \$550.00 Atter May 1, Fee is \$550.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
DO NOT WRITE			City & State				
Name ANGEL CASANUEVA JR Street Address (P.O. Box Number is Not Acceptable)  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 turnitiar with, and accept the obligations of registered agent.  SIGNATURE    ANGEL CASANUEVA JR   1/1/200   Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	,	Country	Zip	Co	ountry	5. Certificate of Status Desired	\$8.75 Additional
Angel CASANUEVA JR Street Address (P.O. Box Number is Not Acceptable)  8. The above named entity admits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am thruitian with, and accept the obligations of registered agent.  SIGNATURE  / ANGEL CASANUEVA JR  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  January 1 - May 1. Fee is \$150.00  After May 1, Fee is \$150.00  Amended UBR is \$61.25  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  HIALEAH GARDENS, FL 33018  STREET ADDRESS  CITY-ST-ZIP  MIAMI, FL 33176  ITILE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI, FL 33176  ITILE  NAME  NAME  IN THIS SPACE					7. Nan	me and Address of Current Registered Agent	
Street Address (P.O. Box Number is Not Acceptable)  IN THIS SPACE    City						AU (5) (4) (6)	
IN THIS SPACE    City	1	DO NOT V	VRITE			ddress (P.O. Box Number is Not Acceptable)	
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State of Florida. I am tanilar with, and accept the obligations of registered agent.  SIGNATURE    ANGEL CASANUEVA JR	8 The above nan	ned entity ജിhmits this	statement for the nurno	se of c		NDENS - —	1 33010
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  CASANUEVA JR, ANGEL  STREET ADDRESS  6817 W 36 AVE STE 101  CITY-ST-ZIP  TITLE  NAME  CASANUEVA, ANGEL  STREET ADDRESS  6817 W 36 AVE STE 101  CASANUEVA, ANGEL  STREET ADDRESS  6817 W 36 AVE STE 101  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  6817 W 36 AVE STE 101  CASANUEVA, ANGEL  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  HIALEAH GARDENS, FL 33018  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  HIALEAH GARDENS, FL 33018  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  MIAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMIAMI, FL 33176  CITY-ST-ZIP  TITLE  NAME  IN THIS SPACE						istored office of registered agent, t	or boar, in the
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	1	(Same					1/1/2008
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25  Make Check Payable to Florida Department of State  10.		nature, typed or printed name				tered Agent signature required when reinsta	
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TITLE NAME CASANUEVA JR, ANGEL STREET ADDRESS CITY-ST-ZIP HIALEAH GARDENS, FL 33018 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CASANUEVA, ANGEL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE S NAME STREET ADDRESS CITY-ST-ZIP TITLE S NAME STREET ADDRESS CITY-ST-ZIP MIAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 TITLE NAME NAME NAME TITLE NAME		OFFICERS	AND DIRECTORS	11.			
NAME STREET ADDRESS G817 W 36 AVE STE 101 CITY-ST-ZIP HIALEAH GARDENS, FL 33018 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176  TITLE NAME NAME NAME TITLE NAME NAME NAME TITLE NAME NAME TITLE NAME NAME NAME NAME NAME NAME NAME NAM	TITLE NAME STREET ADDRES	P CASANUEVA JR S 6817 W 36 AVE S	ANGEL STE 101	TI N/ S1	AME FREET ADDRES	S	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  WEBSTER III, ROYAL S 9301 SW 92 AVE MIAMI, FL 33176  NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE NAME  NAME  NAME  NAME  NAME  NAME  NAME  NAME	NAME STREET ADDRES	CASANUEVA, AN S 6817 W 36 AVE S	STE 101	N/ Si	AME FREET ADDRES	S	
NAME IN ITIS STACE	NAME STREET ADDRES	s   9301 SW 92 AVE		N/ S	AME FREET ADDRES	s DO NOT V	VRITE
CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRES	s		N/ S	AME TREET ADDRES	000 000 000 0 000 0	PACE
TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	NAME STREET ADDRES CITY-ST-ZIP	s		N/ S C	AME TREET ADDRES ITY-ST-ZIP	s	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CITY:ST-ZIP CITY:ST-ZIP	NAME STREET ADDRES	ss		N S	AME TREET ADDRES	S	
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 furth certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effective.	12. I hereby certify t			qualify f	or the exemption		

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 on an attachment with an address, with all other like empowered.

1/8/2008

Date

(305) 822-0849

Daytime Phone #

ANGEL CASANUEVA JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: