


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000074495 1. Entity Name V.M. EQUIPMENT, INC.	
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Principal Place of Business 8470 N.W. 58TH ST MIAMI, FL 33166	Mailing Address 8470 N.W. 58TH ST MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0942219	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

MAGALHAES, EUSTAQUIO
8470 N.W. 58TH ST
MIAMI, FL 33166

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 _____
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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

U00000060889
02/23/04-80058-003 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAGALHAES, EUSTAQUIO 8470 N.W. 58TH ST MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAGALHAES, VERA 8470 N.W. 58TH ST MIAMI, FL 33166
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Vera Magalhaes* VERA MAGALHAES 2/19/04 3055929888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #