


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000074495
1. Entity Name
V.M. EQUIPMENT, INC.



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



01092006 No Chg-P CR2ED34 (11/05)

4. FBI Number 65-0942219	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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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 reinstating)

**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**

**000000383247
01/12/06-80045-014 158.75**

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 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: *Vera Magalhaes* vera magalhaes 01/09/10 (305) 970-0561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #