## 2006 FOR PROFIT CORPORATION

**FILED** 

DOCUMENT # P99000074495  V.M. EQUIPMENT, INC.  Principal Place of business BATO N.W. SRTH ST MAMIL, R. 33166  DO NOT WRITE IN THIS SPACE  A. F. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  MAGALHAES, EUSTACURO 8-ATO N.W. SRTH ST MIAMI, F. 13166  MAGALHAES, EVENTACURO 8-THE ADVANCE Feed will be \$550.00  After May 1, 2006 Fee will be \$550.00  Are file NOWIN FEE IS \$150.00  Are will be \$550.00  Are file NOWIN FEE IS \$150.00  Are will be \$550.00  Are file NOWIN FEE IS \$150.00  Are will be \$550.00  Are file NOWIN FEE IS \$150.00  Are will be \$550.00  Are file NOWIN FEE IS \$150.00  Are will be \$550.00  Are file NOWIN FEE IS \$150.00  Are May 1, 2006 Fee will be \$550.00  Are May 1, 2006 Fee will be \$550.00  Are May 1, 2006 Fee will be \$550.00  ANAMALES, EUSTACURO STREET NOWS  ARAGALHAES, EUSTACURO STREET NOWS  BY NOW NOW STREET NOWS  ARAGALHAES, EUSTACURO STREET NOWS  ARAGALHAES, EUSTACURO STREET NOWS  BY NAME IS 33166  DO NOT WRITE IN THIS SPACE	ANNUAL REPORT				Jan 12, 2006 08:00 AM				
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S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  MAGALHAES, EUSTAQUIO S470 N.W. 59TH ST MIAMI, FL 33166  M. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SPACE  SPACE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Comparign Financing Trust Fund Contribution.  9. Election Comparign Financing Address Agent Universe subset were resourced.  DOT  10. OFFICERS AND DIRECTORS  10. Added to Fees.  DO NOT WRITE  INT 4. Added to Fees.  DO NOT WRITE  INT 5. 10. May ge  Added to Fees.  DO NOT WRITE  INT 3. 10. May ge  MAGALHAES, EUSTAQUIO  STREET ADDRESS  CITY 5. 12. MIAMI, FL 33166  DO NOT WRITE  IN THIS SPACE  DO NOT WRITE  IN THIS SPACE	_			01092006	No Chg-P	CR2E034 (1	1/05)		
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12. I hereby 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 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:

CITY-ST-ZIP

SIGNATURE ON TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

<u>(305)970-056</u>1 01/09/10 Daytime Phone #