


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S50962</b> 1. Entity Name BAEZ EQUIPMENT CO., INC.	
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Principal Place of Business 6864 S.W. 8TH STREET MIAMI, FL 33144	Mailing Address 6864 S.W. 8TH STREET MIAMI, FL 33144
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**DO NOT WRITE IN THIS SPACE**



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0261183	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BAEZ, ORTELIO 6081 S.W. 20TH STREET MIAMI, FL 33155
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**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.

*EVILIA B. ZARRAGA - V-President*  
SIGNATURE: *Evilia B. Zarraga, V-President* DATE: *4/19/04*  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAEZ, ORTELIO 6081 S.W. 20TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZARRAGA, EVILIA 1000 E PONCE DE LEON BLVD CORAL GABLES, FL 33134
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U00000110323  
04/12/04-80078-016 150.00

**DO NOT WRITE IN THIS SPACE**

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: *Evilia B. Zarraga, V-President* DATE: *4/19/04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*EVILIA B. ZARRAGA, V-President* Daytime Phone # *305 244 8001*