2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 07, 2008 8:00 am **Secretary of State DOCUMENT # S76158** 01-07-2008 90038 025 ***150.00 1. Entity Name EQUIPER IMPORT & EXPORT CORP. Principal Place of Business Mailing Address 8181 NW 36 ST 8181 NW 36 ST #9-D #9-D MIAMI, FL 33166-6628 US MIAMI, FL 33166-6628 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01022008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 65-0284752 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUESCA, BERNVIS S Street Address (P.O. Box Number is Not Acceptable) 8181 NW 36 STREET D-9 MIAMI, FL 33166-6628 Zip Code FL 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 Signature, typed or printed name of registered agent and fille ill applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE RUESCA, BERNUIS S NAME NAME STREET ADDRESS 836 SW 154 PATH STREET ADDRESS 2721 SW 156 PLACE CITY-ST-ZIP MIAMI, FL 33194 CITY-ST-ZIP MIAMI, FL 33185 XX Change VPS TITLE ☐ Delete TITLE Addition RUESCA, BERNY NAME NAME 2721 SW 156 PLACE STREET ADDRESS 836 SW 154TH PATH STREET ADDRESS MIAMI, FL 33185 CITY-ST-7/P CITY-ST-7IP MIAMI, FL 33194 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZiP CITY - ST - ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY - ST-ZIP

Blue es

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED