

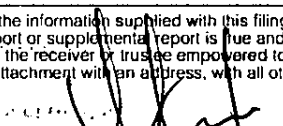


FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # V15294 1. Entity Name CONSOLIDATED EQUIPMENT SALES, INC.				Apr 07, 2008 08:00 Secretary of State	
Principal Place of Business 10224 NW 50 ST SUNRISE, FL 33351 US		Mailing Address 10224 NW 50 ST SUNRISE, FL 33351 US			
DO NOT WRITE IN THIS SPACE				 01292008 No Chg-P CR2E034 (11/05)	
				4. FEI Number 65-0320725	
				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 FLORES, ORLANDO 10118 S.W. 53RD COURT COOPER CITY, FL 33328				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11000000981842 04/16/08-80016-018 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE			
D FLORES, ORLANDO 10118 S.W. 53RD COURT COOPER CITY, FL					
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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: 		Orlando Flores		4/1/08 (954) 741-8844	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	