

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

|                                                                                         |                                                                                   |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # V32018</b><br>1. Entity Name<br><b>WHOLE EQUIPMENTS &amp; TOOLS, INC.</b> |  |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                                   |                                                                                       |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>7611 S.W. 153 CT.<br/>BLDG. 7, APT. 204<br/>MIAMI, FL 33193</b> | Mailing Address<br><b>7611 S.W. 153 CT.<br/>BLDG. 7, APT. 204<br/>MIAMI, FL 33193</b> |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



04292007 No Chg-P CR2E034 (11/05)

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number<br><b>65-0328998</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |

**6. Name and Address of Current Registered Agent**

**OCAMPO, SANDRA  
7611 SW 153RD CT APT 204  
MIAMI, FL 33193**

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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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                                                    |                                                                         |
|----------------------------------------------------|-------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>OCAMPO, SANDRA<br/>7611 SW 153 CT #204<br/>MIAMI, FL 33193</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                         |

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IN THIS SPACE**

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05/23/07-80035-006 150.00

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: *Sandra Ocampo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-30-07*

Date

Daytime Phone #