

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 14, 2008 08:00 AM
Secretary of State**DOCUMENT # V32018**1. Entity Name
WHOLE EQUIPMENTS & TOOLS, INC.

Principal Place of Business

7611 S.W. 153 CT.
BLDG. 7, APT. 204
MIAMI, FL 33193

Mailing Address

7611 S.W. 153 CT.
BLDG. 7, APT. 204
MIAMI, FL 33193**DO NOT WRITE IN THIS SPACE**

07102008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0328998Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

(NOTE: Registered Agent signature required when relinquishing)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 20089. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPD
OCAMPO, SANDRA
7611 SW 153 CT #204
MIAMI, FL 33193TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #