

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

04 JUL 20 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V47274**

1. Entity Name  
EQUIPMENT BUYER'S COMPANY, INC.



Principal Place of Business  
2101 SW 56 TERR  
HOLLYWOOD, FL 33023

Mailing Address  
2101 SW 56 TERR  
HOLLYWOOD, FL 33023

**DO NOT WRITE IN THIS SPACE**



07162004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0340103

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

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

BOTELLO, JOSE  
8418 CORAL WAY  
MIAMI, FL 33155

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

07/16/04

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PST<br>BRANDAO, EDUARDO<br>2600 NE 27 TERR<br>FT LAUDERDALE, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BRANDAO, EDUARDO<br>2600 NE 27 TERR<br>FT LAUDERDALE, FL   |
| 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 |   |

900039351209  
07/20/04--01073--010 \*\*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)(i), 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

07/16/04

Date

954-9679999

Daytime Phone #