2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000004414

1. Entity Name

KENDALE PARTY RENTAL, INC



Principal Place of Business

12931 SW 133 COURT MIAMI, FL 33186 Mailing Address

12931 SW 133 COURT MIAM!, FL 33186

FILED Feb 23, 2004 8:00 am Secretary of State

02-23-2004 90021 043 ***150.00

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DO NOT WRITE IN THIS SPACE

01132004 No Chg-P CF

CR2E034 (10/03)

4. FEI Number 65-1067713 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent.

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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) DATE						
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROZO, GLORIA M 12931 SAW 133 COURT MIAMI, FL 33186 VP MALDONADO, JORGE A 12931 SW 133RD COURT MIAMI, FL 33186	CTORS				
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRIT	Œ
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/04

705-238 7625

Daytime Phone #