


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90042 008 ***150.00

DOCUMENT # P05000064000

1. Entity Name
D & Y TENT RENTAL, CORP.



Principal Place of Business
**2709 W. 55TH PL.
 HIALEAH, FL 33016**

Mailing Address
**2709 W. 55TH PL.
 HIALEAH, FL 33016**

2. Principal Place of Business
2384 W. 80 Street

3. Mailing Address
2384 W. 80 Street

Suite, Apt. #, etc.
Suite #5

Suite, Apt. #, etc.
Suite #5

City & State
Hialeah, FL


City & State
Hialeah, FL

Zip
33016

Country
U.S.A.

Zip
33016

Country
U.S.A.



05162006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2785449

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LINARES, NIURKA V
 2709 W. 55TH PL.
 HIALEAH, FL 33016**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 Due by September 6, 2006**

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.

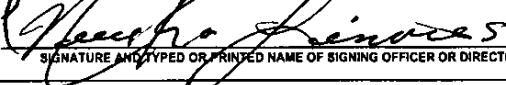
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINARES, NIURKA V 2709 W. 55TH PL. HIALEAH, FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIJARES, JOSE M 2709 W. 55TH PL. HIALEAH, FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MIJARES, YAUMARA 2709 W. 55TH PL. HIALEAH, FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **5/16/06** (305) 362-4547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #