


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90069 032 \*\*\*150.00

<b>DOCUMENT # P05000064000</b>			
1. Entity Name D & Y TENT RENTAL, CORP.			
Principal Place of Business 6500 W 20 AVE B-10 HIALEAH, FL 33016		Mailing Address 2709 W 55 PL HIALEAH, FL 33016	
2. Principal Place of Business - No P.O. Box # 12382 SW 85 PL Suite, Apt. #, etc.		3. Mailing Address 12382 SW 85 PL Suite, Apt. #, etc.	
City & State Dunnellon, FL		City & State Dunnellon, FL	
Zip 34432		Country Marion	
Zip 34432		Country Marion	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LINARES, NIURKA V 2709 W. 55TH PL. HIALEAH, FL 33016		Name Niurka V. Linares	
		Street Address (P.O. Box Number is Not Acceptable)	
		12382 SW 85 PL	
		City Dunnellon	
		FL	
		Zip Code 34432	
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)			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12382 SW 85 PL Dunnellon, FL 34432
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12382 SW 85 PL Dunnellon FL 34432
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12382 SW 85 PL Dunnellon, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: <i>Niurka V. Linares</i>		Date: 4/17/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 852-872 2750	