

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000065882

1. Entity Name
A.C.D. SALES & RENTALS, INC.



Principal Place of Business
**7341 S.W. 149TH COURT
 MIAMI, FL 33193**

Mailing Address
**7341 S.W. 149TH COURT
 MIAMI, FL 33193**



05012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0937024** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ZULUAGA, JULIAN
 7341 S.W. 149TH COURT
 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

[Handwritten Signature]

JULIAN ZULUAGA

04 30 04

Signature typed or printed name of registered agent or trustee if applicable.

(NOTE: Registered Agent Signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$550.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**1100000154530
 05/04/04-80170-023 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
 NAME **ZULUAGA, JULIAN**
 STREET ADDRESS **7341 S.W. 149TH COURT**
 CITY- ST ZIP **MIAMI, FL 33193**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

[Handwritten Signature]

JULIAN ZULUAGA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doc#

Serial # Print #