


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 475163	
1. Entity Name BILL'S EQUIPMENT & RENTALS II, INC.	

Principal Place of Business 8490 NW 58TH ST MIAMI FL 33166	Mailing Address 8490 NW 58TH ST MIAMI FL 33166
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-1609514		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ESMILDO R. ARENAS 110 N COCONUT PALM BLVD. PLANTATION KEY FL 33070		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 _____ (NOTE: Registered Agent signature required when reappointing) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete	NAME ESMILDO R. ARENAS STREET ADDRESS 110 COCONUT PALM BLVD. CITY-ST-ZIP PLANTATION KEY FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 000000906146 STREET ADDRESS 05/02/08-80010-020 150.00 CITY-ST-ZIP
TITLE VSD <input type="checkbox"/> Delete	NAME MARIA N. ARENAS STREET ADDRESS 110 NORTH COCONUT PALM BLVD. CITY-ST-ZIP PLANTATION KEY FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____, E. R. Arenas

4/16/08

305-591-3933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day: 160 Entry #