



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90199 025 \*\*\*150.00

|  |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
|--|---------------------------|---|--------------------|---------------------------------|------|--|--|----------------|---------------------------|--|-------------|--------------------|--|---|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| <b>DOCUMENT # F02000002808</b><br>1. Entity Name<br><b>KING OF HEARTS RENTALS, INC.</b>  |                           |    |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Principal Place of Business<br><b>C/O JMB ENTERPRISES INC</b><br><b>703 KING STREET</b><br><b>CHARLESTON, SC 29403</b>   |                           | Mailing Address<br><b>C/O JMB ENTERPRISES INC</b><br><b>703 KING STREET</b><br><b>CHARLESTON, SC 29403</b>  |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>60 Lillian Novo</b><br>Suite, Apt. #, etc.<br><b>3035 SW 25 TERRACE</b><br>City & State<br><b>MIAMI, FL</b><br>Zip<br><b>33133</b> Country<br><b>U.S</b>  |                           | 3. Mailing Address<br><b>3035 SW 25 TERRACE</b><br>Suite, Apt. #, etc.<br>City & State<br><b>MIAMI, FL</b><br>Zip<br><b>33133</b> Country<br><b>U.S</b>   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
|  |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
|  |                           | 04132007 Chg-P CR2E034 (12/06)  |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 4. FEI Number<br><b>22-3758610</b>   |                           | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                           | <b>\$8.75</b> Additional Fee Required   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SCEVOLA, FILIPPO DR</b><br><b>5025 COLLINS AVENUE</b><br><b>MIAMI BEACH, FL 33140</b>  |                           | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 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.<br><br>SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____   |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>  |                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P<br/>CALVO, JOSEPH</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">14 PENN PLAZA, SUITE 1109</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">NEW YORK, NY 10122</td> </tr> </table>   |                           | TITLE   | P<br>CALVO, JOSEPH | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS | 14 PENN PLAZA, SUITE 1109 |  | CITY-ST-ZIP | NEW YORK, NY 10122 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE  | P<br>CALVO, JOSEPH        | <input type="checkbox"/> Delete   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   | 14 PENN PLAZA, SUITE 1109 |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  | NEW YORK, NY 10122        |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>   |                           | TITLE   |                    | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |                           |  | CITY-ST-ZIP |                    |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE  |                           | <input type="checkbox"/> Delete   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>   |                           | TITLE   |                    | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |                           |  | CITY-ST-ZIP |                    |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE  |                           | <input type="checkbox"/> Delete   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>   |                           | TITLE   |                    | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |                           |  | CITY-ST-ZIP |                    |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE  |                           | <input type="checkbox"/> Delete   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>   |                           | TITLE   |                    | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |                           |  | CITY-ST-ZIP |                    |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
| TITLE  |                           | <input type="checkbox"/> Delete   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME   |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |                           |   |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 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: <u>Joseph Calvo</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><u>Joseph Calvo</u>  |                           | Date: <u>4/14/07</u> 305-299-1084<br>Daytime Phone #  |                    |                                 |      |  |  |                |                           |  |             |                    |  |   |  |       |  |   |      |  |  |                |  |  |             |  |  |