2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F04000001783

1. Entity Name BBJ RENTALS, INC.

Principal Place of Business

7855 GROSS POINT RD. UNIT G-6

SKOKIE, IL 60077

Mailing Address

7855 GROSS POINT RD. UNIT G-6

SKOKIE, IL 60077

FILED Jan 29, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01032007

No Chg-P

CR2E034 (11/05)

4. FEI Number 36-3213609

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6.	Name and	i Address	of Current	Registered A	gent

ELLIS, CHARLES 2491 PRINCIPAL ROW

DO NOT WRITE

ORLANDO	D, FL 32837		IN THIS SPACE			
8. The above the obligat	named entity submits this statement for the ptions of registered agent.	surpose of changing its registered office	e or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signalure, typed or printed name of registered agent and bibs if	f applicable (NOTE: Registered Agent si	gnature required when reinstating)	lingnoochageac		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	02/01/07-80067-024 150.00		
10.	OFFICERS AND DIREC	CTORS	.=			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GOLDBERG, JUDITH 7855 GROSS POINT RD. SKOKIE, IL 60077					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV DANNEN, BONITA 7855 GROSS POINT RD. SKOKIE, IL 60077					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST BUCKMAN, JAMES 7855 GROSS POINT RD. SKOKIE, IL 60077		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-3P		-	IN -	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE		I				

12. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR