2008 FOR PROFIT CORPORATION

with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

unne

Dula

SIGNATURE:

Apr 10, 2008 8:00 am Secretary of State ANNUAL REPORT 04-10-2008 90027 033 ***150.00 DOCUMENT # F04000001783 1. Entity Name BBJ RENTALS, INC. 40064268 Principal Place of Business Mailing Address 7855 GROSS POINT RD. 7855 GROSS POINT RD. UNIT G-6 UNIT G-6 SKOKIE, IL 60077 SKOKIE, IL 60077 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03212008 CR2E034 (12/06) Chg-P City & State 4. FEI Number Applied For City & State 36-3213609 Not Applicable Zip Żip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required .7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ELLIS, CHARLES Street Address (P.O. Box Number is Not Acceptable) 2491 PRINCIPAL ROW #400 ORLANDO, FL 32837 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. WIP SALES ☐ Delete ☐ Change Addition TIDE TITLE GOLDBERG, JUDITH NAME MILLIAM 7855 GIRDSS POINT ROAD, #66 STREET ADDRESS 7855 GROSS POINT RD. STREET ADDRESS SKOKIE, IL 60077 CITY-ST-ZIP CITY-ST-ZIP 60077 SKOKIE. TITLE ☐ Delete TITLE ☐ Change ☐ Addition DANNEN, BONITA NAME NAME 7855 GROSS POINT RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SKOKIE, IL 60077 CITY-ST-ZIP DVST Change ☐ Addition Delete **BUCKMAN, JAMES** NAME NAME STREET ADDRESS 7855 GROSS POINT RD. STREET ADDRESS CITY-ST-ZIP SKOKIE, IL 60077 CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

3-25-07

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Daytime Phone #