

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F32527

**FILED**  
**Nov 10, 2008**  
**Secretary of State****Entity Name:** FLORIDA RENTAL BUREAU/COLLECTIONS, INC.**Current Principal Place of Business:**% JOHN R. GUASTELLA  
205 FLAGSHIP DR  
LUTZ, FL 33549 US**New Principal Place of Business:**% JOEL WAVELET  
205 FLAGSHIP DR  
LUTZ, FL 33549 US**Current Mailing Address:**% JOHN R. GUASTELLA  
PO BOX 547  
LUTZ, FL 33549 US**New Mailing Address:**% JOEL WAVELET  
PO BOX 547  
LUTZ, FL 33549 US**FEI Number:** 59-2089538**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**GUASTELLA, JOHN R  
205 FLAGSHIP DR  
SUITE 3  
LUTZ, FL 33549 US**Name and Address of New Registered Agent:**WAVELET, JOEL  
205 FLAGSHIP DR  
SUITE 3  
LUTZ, FL 33549 US

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.

SIGNATURE: JOEL WAVELET

11/10/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: ST ( ) Delete  
Name: GUASTELLA, ROSEMARY,  
Address: 207 CRYSTAL GROVE BLVD  
City-St-Zip: LUTZ, FLTitle: PD ( ) Delete  
Name: GUASTELLA, JOHN R,  
Address: 207 CRYSTAL GROVE BLVD  
City-St-Zip: LUTZ, FLTitle: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change ( ) Addition  
Name: GUASTELLA , JOHN R J, R  
Address: 18718 LAKESHORE DR  
City-St-Zip: LUTZ, FL 33549Title: VPS (X) Change ( ) Addition  
Name: WAVELET, JOEL,  
Address: 9901 JASMINE BROOK CIR  
City-St-Zip: LAND O LAKES, FL 34638Title: CIO ( ) Change (X) Addition  
Name: LANDAS, WENIFRED G,  
Address: 1226 TRAFALGAR DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL WAVELET

VPS

11/10/2008

Electronic Signature of Signing Officer or Director

Date