


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91045 009 ***158.75

DOCUMENT # F95000006219

1. Entity Name
 NEFF CORP.



Principal Place of Business
 3750 NW 87TH AVE
 SUITE 400
 MIAMI, FL 33178 US

Mailing Address
 3750 NW 87TH AVE
 SUITE 400 ATTN: JACK SITES
 MIAMI, FL 33178 US

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0626400

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD # 221E
PALM BEACH GARDENS, FL 33410

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MAS, JUAN CARLOS 3750 NW 87TH AVE SUITE 400 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST IRION, MARK 3750 NW 87TH AVE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHIEWE, STEVEN 3750 NW 87TH AVE SUITE 400 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC MAS, JORGE 3155 NW 77 AVE MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 any other like empowered.

SIGNATURE: MARK IRION DATE: 4/24/04 DAYTIME PHONE: 305-513-3350