

**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



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0626400	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 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
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST IRION, MARK 3750 NW 87TH AVE MIAMI, FL 33178
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHIEWE, STEVEN 3750 NW 87TH AVE SUITE 400 MIAMI, FL 33178
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC MAS, JORGE 3155 NW 77 AVE MIAMI, FL 33122
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 another like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK IRION-CFO

4/24/04

Date

305-513-3350

Daytime Phone