

2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
May 18, 2006
Secretary of State**

DOCUMENT# G01596

Entity Name: PETE'S RENTALS, INC.

Current Principal Place of Business:

395 NE 167TH ST
N MIAMI BCH, FL 33162

New Principal Place of Business:

Current Mailing Address:

395 NE 167TH ST
N MIAMI BCH, FL 33162

New Mailing Address:

FEI Number: 59-2222798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALITZER, JOSHUA S.
633 NE 167TH ST
NORHT MIAMI BEACH, FL US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: POWANDA, CATHERINE,
Address: 655 NE 161ST ST
City-St-Zip: N MIAMI BCH, FL 00000,

Title: D () Delete
Name: POWANDA, PETER S,
Address: 655 NE 161ST ST
City-St-Zip: N MIAMI BCH, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CATHERINE F. POWANDA

PRES

05/18/2006

Electronic Signature of Signing Officer or Director

_____ Date