FILED
Aug 26, 2004 8:00 am
Secretary of State
08-26-2004 90003 003 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K12189

1. Entity Name
RENTAL LAND INC.

J4070040

Principal Place of Business	Mailing Address
14600 NW 7 AVE MIAMI, FL 33168 US	PO BOX 68-0267 MIAMI, FL 33168-0267 US

08162004 Chg:P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
14612 NW 7 Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33168 Country: USA	Zip Country

4. FEI Number: 65-0024422 — Applied For / Not Applicable

5. Certificate of Status Desired — X — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IBARRA, EDUARDO
14600 NW 7 AVE
MIAMI, FL 33168

7. Name and Address of New Registered Agent

Name: IBARRA Eduardo
Street Address (P.O. Box Number is Not Acceptable): 14612 NW 7 Ave
M
City: Miami, FL FL Zip Code: 33168

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] Address Change only 8-23-04
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
Due by September 5, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P IBARRA, EDUARDO 14600 NW 7 AVE MIAMI, FL 33168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P IBARRA, Eduardo P.O. Box 68-0267 Miami, FL 33168	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: [signature] Pres Eduardo IBARRA 8-23-04 305 687 1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #