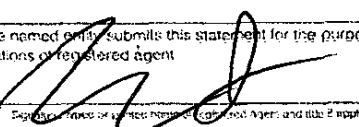
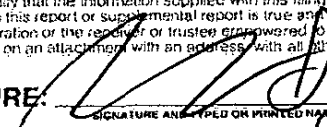


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90003 003 ***158.75

DOCUMENT # K12189			
1. Entity Name RENTAL LAND INC.			
Principal Place of Business 14600 NW 7 AVE MIAMI, FL 33168 US		Mailing Address PO BOX 68-0267 MIAMI, FL 33168-0267 US	
2. Principal Place of Business 14612 NW 7 Ave		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33168	Country USA	Zip	Country
4. FEI Number 65-0024422		Applicant For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		08162004 Chg:P CR2E034 (10/03)	
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 City Miami, FL Zip 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 		Address Change only 8-23-04	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 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
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: 		305 8-23-04 887-1200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

J4070040

