


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K54671</b> 1. Entity Name <b>NEFF RENTAL, INC.</b>	
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<b>Principal Place of Business</b> 3750 NW 87TH AVE SUITE 400 MIAMI, FL 33178 US	<b>Mailing Address</b> 3750 NW 87TH AVE SUITE 400 MIAMI, FL 33178 US
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**DO NOT WRITE IN THIS SPACE**

04282005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0160403</b>	Applied For Not Applicable
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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  
#2216  
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000364230  
05/06/05-80034-013 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAS, JUAN CARLOS 3750 NW 87TH AVE MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T IRION, MARK 3750 NW 87TH AVE., SUITE 400 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAS, JORGE 3155 NORTHWEST 77TH AVENUE MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHIEWE, STEVE 3750 NW 87 AVE SUITE 400 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mark Irion* CFO

4/20/05

Date

305-573-3350

Daytime Phone #