


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # K54671
 1. Entity Name
NEFF RENTAL, INC.



Principal Place of Business 3750 NW 87TH AVE SUITE 400 MIAMI, FL 33178 US	Mailing Address 3750 NW 87TH AVE SUITE 400 MIAMI, FL 33178 US
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04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0160403	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (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

1000000364230
 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: Mark Irion **MARK IRION CFO** 4/20/05 305-573-3350
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #