2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # M56519

1. Entity Namo

ABC PARTY RENTALS, INC.

Principal Placo of Business	Mailing Address
11091 NW 27 ST SUITE 100 MIAMI FL 33172	11091 NW 27 ST SUITE 100 MIAMI FL 33172

1st MOORE   CR2E034 (10/06)

2. Principal Placo of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & Stale	City & Stale	4. FEI Number **59-2829056**
Zip / Country	Zip / Country	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

4. FEI Number **59-2829056** — Applied For / Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MELENDEZ, CARLOS 11091 NW 27 ST., SUITE 100 DORAL FL 33-172¢	Namo Street Address (P.O. Box Number is Not Acceptable) City FL Zip Codo

8. The above named entity submits this statement for the purposo of changing its registered office or registered agent, or both, in tho 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, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **PTD** NAME **MELENDEZ, CARLOS** STREET ADDRESS **4511 NW 94 CT** CITY-ST-ZIP **MIAMI FL 33166**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP U00000622089 02/13/07-80012-002 150.00	☐ Change ☐ Addition
TITLE **VSD** NAME **CALDERON, STEVE** STREET ADDRESS **6100 MONTGOMERY DRIVE** CITY-ST-ZIP **MIAMI FL 33156**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VD** NAME **CALDERON, DAVID** STREET ADDRESS **8530 SW 149TH AVE #905** CITY-ST-ZIP **MIAMI FL**	☐ 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
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 exemptions contained in Section 119, Florida Statutes. I further certify that tho information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if mado 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: _____ CARLOS MELENDEZ President 1/31/07 305-592-1223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Dale   Daytime Phone #