


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000012352 1. Entity Name UP AND DOWN EQUIPMENT RENTAL INCORPORATED	
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Principal Place of Business 3990 NORTH WEST 132 STREET BAY E OPA LOCKA, FL 33054	Mailing Address 3990 NORTH WEST 132 STREET BAY E OPA LOCKA, FL 33054
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02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1057449	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

MARTA ACEVEDO
 3020 NW 83 TERR.
 MIAMI, FL 33147

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 renewing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACEVEDO, FRANCISCO T 3020 NW 83RD TERR. MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ACEVEDO, MARTA L 3020 NW 83RD TERR. MIAMI, FL 33147
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02/25/06-90046-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 fee empowered.

SIGNATURE:  **Marta Acevedo** 02/13/06 305-769-5655

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