

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90082 004 ***150.00

DOCUMENT # P00000071768

1. Entity Name
LULY PARTY RENTALS, INC.



Principal Place of Business
**6522 SW 129 AVENUE
MIAMI, FL 33183**

Mailing Address
**6522 SW 129 AVENUE
MIAMI, FL 33183**

24002847



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-1025051

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**IGLESIAS, ADOLFO E
12010 SW 97 STREET
MIAMI, FL 33186**

7. Name and Address of New Registered Agent

Name **FERNANDEZ, LOURDES**
Street Address (P.O. Box Number is Not Acceptable)
6522 SW 129 AVE

City **MIAMI**

FL

Zip Code **33183**

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, 2004 Fee will be \$550.00

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	P	<input checked="" type="checkbox"/> Delete
NAME	POSADA, JUAN M	
STREET ADDRESS	6522 SW 129 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	V	<input type="checkbox"/> Delete
NAME	FERNANDEZ, LOURDES	
STREET ADDRESS	6522 SW 129 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOURDES FERNANDEZ - PRES **01/15/04** **(305) 387-6249**