2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 27, 2006 08:00 AN DOCUMENT # P00000071768 **Secretary of State** 1. Entity Name LULY PARTY RENTALS, INC. Mailing Address Principal Place of Business 6522 SW 129 AVENUE 6522 SW 129 AVENUE MIAMI, FL 33183 MIAMI, FL 33183 01172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1025051 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERNANDEZ, LOURDES DO NOT WRITE 6522 SW 129 AVE MIAMI, FL 33183 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 reinstation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10, 02/03/05-80031-011 150.00 PST TITLE FERNANDEZ, LOURDES NAME STREET ADDRESS 6522 SW 129 AVENUE MIAMI, FL 33183 CITY-ST-ZIF HILE NAME STREET ADDRESS CITY-ST-ZIP DITE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP DITE IN THIS SPACE STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1 19, 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.

CITY-ST-ZIP MRE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

RIGNATURE AND TYPED OR PRINTED NAME OF