FILED 2007 FOR PROFIT CORPORATION Apr 23, 2007 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # P00000076593 LAS VEGAS PARTY RENTAL, CORP. Principal Place of Business Mailing Address 1571 NW 77 WAY 1571 NW 77 WAY HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024 03162007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1032707 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MONTE-DE-OCA, TERESA M DO NOT WRITE 1571 NW 77 WAY HOLLYWOOD, FL 33024 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be U00000727380 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 05/04/07-80045-007 150.00 OFFICERS AND DIRECTORS 10. PSTD MONTE-DE-OCA, TERESA M NAME STREET ADDRESS 1571 NW 77 WAY CITY-ST-ZIP HOLLYWOOD, FL 33024 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 is changed, or other attackment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

PRES. DEM 4/17/0;

962-8687

TERESA M. MONTE DE OCA