2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2005 8:00 am **Secretary of State** DOCUMENT # P00000116933 1. Entity Name 02-09-2005 90037 023 ***150.00 JOHN ACEBAL BOBCAT RENTAL, INC. Principal Place of Business Mailing Address 11023 SOUTHWEST 88TH STREET 11023 SOUTHWEST 88TH STREET SUITE M-104 MIAMI FL 33176 SUITE M-104 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address EXECUTIVE 710 EXECUTIVE CENTER. DR. Buite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For Beach 65-0508639 WEST Not Applicable Country 5 A \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code 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, typed or printed name of registered agent end title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, ACEDAL JOHN E Change **PSTD** TITLE ☐ Detete TITLE 710 EXECUTIVE CENTER DA. 7-13 ACEBAL, JOHN E NAME STREET ADDRESS 11023 SOUTHWEST 88TH STREET STREET ADDRESS West palm Beach FL 33401 CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition TROUBLE SEE 医 內容 STREET ADDRESS STREET ADDRESS 27/2/ CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED