2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2004 8:00 am Secretary of State

Principal Place of Business 153 WEST 21ST STREET HILEAH, FL 33010 2. Principal Place of Business Suife, Apt. 4. old. Suife, Apt. 8. etc. O1072004 ChgP CR2E034 (10/03) Chy 6 State Chy 7 State Chy 7 State Chy 8 State Chy	1. Entity Nam	MENT # P010005039 PARTY RENTAL & SUPPLIE		. 05-04-2004 90135 014 ***150.00					
153 WEST 2/ST STREET HALFAH, FL 33010 2. Principal Place of Bushness Suite, Apt. #. etc. Suite, Apt. #. etc. Suite, Apt. #. etc. O1072004 Chg-P CR2E034 (10/03) Cry & State Applicable Applicable Applicable 6. Name and Address of Current Registered Agent T. Name and Address of Status Desired 8. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent DIAZ, HUMBERTO 153 WEST 2/ST STREET HIALEAH, FL 33010 City FL 30 Code 8. The above ramed entity submits this statement for the purpose of changing fis registered agent, or both, in the State of Florida. I am furnish with, and accept the editopation of guidered agent. SIGNATURE Signatures 3/4 (1998) FLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 To. FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Signatures 3/4 (1998) B. Election Campaign Financing Trust Fund Continuous. Curr-51-29 Curr-51-29 Curr-51-29 Curr-51-29 Title Nove Sheet Addition Curr-51-29 Title Nove Shee	Principal Plac	a of Rueinace	Mailing Address		-				
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Second S	City & State		City & State		1	632		·	
Street Address of Name and Address of New Registered Agent	Zip	Country	Zip	Country			□ \$8.75 Ad	lditional	
Name Street Address (P.O. Bux Number is Not Acceptable) City FL Zip Code		6. Name and Address of Current Rec	istered Agent	<u> </u>	7. Name and A	ddress of New F		eu	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hybrid or project raise of registered agent agent and the 1 above tole (INCTE Registered agent a				Name			<u></u>		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Bignature, yield or preparation ingulared spent and the Fapolicable (NOTE Registered Agent signature required when rendating) After May 1, 2004 Fee will be \$55.0.00 After May 1, 2004 Fee will be \$55.0.00 TO. OFFICERS AND DIRECTORS TO. ST. 2P TO. OFFICERS AND DIRECTORS TO. OFFICERS AND D	153 WEST 21ST STREET			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signat				City		·	Zip Coo	de	
The obligations of registered agent. SIGNATURE Signature, Synd or unfried rame of registered agent and it's Fapolic.box FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.	II. The above and only a horse this state of the state of			registered office or regist	ered agent or both	in the State of Fi	FL		
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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 suppliemental 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			FC 1 1 1 17 4						

President