



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000093855</b>			
1. Entity Name A & E RENTALS, INC.			
Principal Place of Business 876 NW 123 DR CORAL SPRINGS, FL 33071		Mailing Address 876 NW 123 DR CORAL SPRINGS, FL 33071	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 04152004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 01-0823643	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			<b>DO NOT WRITE IN THIS SPACE</b>
ROBINSON, ERIC L 876 NW 123 DR CORAL SPRINGS, FL 33071			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000119202 04/19/04-80090-019 158.75
10. OFFICERS AND DIRECTORS			
TITLE	PTD		
NAME	ROBINSON, ERIC		
STREET ADDRESS	876 N.W. 123 DRIVE		
CITY- ST- ZIP	CORAL SPRINGS, FL 33065		
TITLE	SD		
NAME	ROBINSON, ADAM		
STREET ADDRESS	876 N.W. 123 DRIVE		
CITY- ST- ZIP	CORAL SPRINGS, FL 33065		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
<b>DO NOT WRITE IN THIS SPACE</b>			
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 an other like empowered.			
SIGNATURE: _____		Date <u>4/15/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # _____	