2008 FOR PROFIT CORPORATION

FILED Feb 21, 2008 08:00 AI tate

	ANNU	AL REPO	DRT		_		7	
DOCU	MENT # P02000	001717				2	secreta	ry of St
Entity Name PALM TREE BUILDING RENTAL, INC.					!			
PALMIR	KEE BUILDING RENTAL	_, INC.						
		· · · · · · · · · · · · · · · · · · ·		99511				
·	ce of Business	Mailing Ai	ddress K GROVE RD	•				
16480 NE 2 N Miami Be <i>i</i>	ACH, FL 33162		PE, AL 35760					
						 	10114 10151 1104 10061	((0))
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Г	O NOT WRI	TF ÎN T	HIS SPA	CF			CR2E034 (1	
	, , , , , , , , , , , , , , , , , , ,	. –	1110 0170	-	4. FEI Numb		F	Applied For Not Applicable
		•			5. Certificate	of Status Desireo		5 Additional
	6. Name and Address of Cu	rrent Registered A	gent		<u>. </u>	· inc.	1-89 KG	equired
2070 10	. DOC.			,				,
SOTO, JORGE L 590 HAREN AVE			.,	DO	NOT W	RITE		
OPA-LOC	KA, FL 33054			l, · ·	IN T	THIS SP	ACE	
R The above	named entity submits this statem	ont for the purpose	of changing its registers	ed office or register	red agent or ho	th, in the State of Flor	ida. Lam familiai	with and accent
	lions of registered agent	on for the purpose	Or changing its register	so times of register	ou agent or tip	in, in the diate of the	isa. Faiti arimai	·
SIGNATURE.								
	Signature, typed or printed name of registered	I agent and tale if applicable	e. (NOTE, Registere	d Agent signsture required	(when remarating)	Honono	DATE 1939559	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$5		lection Campaign Finar rust Fund Contribution	*	.00 May Be ed to Fees	02/28/08-	" fact that "fact that the file."	9 150.00
10.	OFFICERS	AND DIRECTORS		3 (27)				
TITLE NAME	PD .			,	OV '			•
STREET ADDRESS	SOTO, JORGÉ L 865 OAK GROVE RD			. \	\mathcal{F}			
CITY-ST-ZIP	NEW HOPE, AL 35760			ļ ·				
TITLE NAME	STD SOTO, CARMEN				*			
SIREET ADORESS	865 OAK GROVE RD				3.			
CITY-ST-ZIP	NEW HOPE, AL 35760					• • •		
TITLE NAME				Ϋ,		•		•
STREET ADDRESS					DO.	NOT W	DITE	
CITY-ST-ZIP								
TITLE NAME					IN T	THIS SP	ACE	•
STREET ADDRESS					•		•	
CITY-ST-ZIP								,
TITLE "	,] .	•			•
STREET ADDRESS	<i>:</i>					•	,	
CITY-ST-ZIP				•				
TITLE							1	

12. Thereby 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 supplied entire properties 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 of fusite 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 unit an address, with all other like empowered.

SIGNATURE: <u>쯔</u>

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR