

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90044 004 ***150.00

DOCUMENT # P02000034348

1. Entity Name
LILY'S RENTALS, INC.



Principal Place of Business
5725 SW 77TH TERRACE
S. MIAMI, FL 33143

Mailing Address
5725 SW 77TH TERRACE
S. MIAMI, FL 33143

40003031



04132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|------------------------------------|--------------------------------------|
| 4. FEI Number 04-3634553 | Applied For Not Applicable |
|------------------------------------|--------------------------------------|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SAVLOFF, JORGE
5725 SW 77TH TERRACE
S. MIAMI, FL 33143

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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** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SAVLOFF, JORGE 5725 SW 77TH TERRACE S. MIAMI, FL 33143 |
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12. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07 (305) 864-3777
Date Daytime Phone #