

## **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000041555

**FILED**  
**Oct 01, 2006**  
**Secretary of State**

**Entity Name:** EVENT EQUIPMENT RENTALS, INC.

**Current Principal Place of Business:**

2081 NE 54TH ST.  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

767 ARTHUR GODFREY ROAD  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

PO BOX 39801  
FORT LAUDERDALE, FL 33339

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEINBERG, PAUL B ESQ.  
767 ARTHUR GODFREY ROAD  
MIAMI BEACH, FL 331403413 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GRAZINO, DANE  
Address: 2081 NE 54TH ST.  
City-St-Zip: FORT LAUDERDALE, FL 33308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: STRAKA, V M  
Address: 767 ARTHUR GODFREY ROAD  
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: V M STRAKA

VP

10/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date