2006 FOR PROFIT CORPORATION ANNUAL REPORT

1/3

FILED
Feb 22, 2006 8:00 am
Secretary of State
01-30-2006 90048 004 ***150.00

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1. Entity Name
FU'ND DAUGHTER PARTY RENTAL, INC.

Principal Place of Business	Mailing Address
4607 SW 74 AVE MIAMI, FL 33155	4607 SW 74 AVE MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

01182006 No Chg-P CR2E034 (11/05)

4. FEI Number
05-0525325

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PUJOL, JOE L
3191 CORAL WAY #1005
MIAMI, FL 33145

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PARODI, FULBIO
STREET ADDRESS	5000 SW 82 AVE
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	VD
NAME	MANZANARES, P. JAVIER
STREET ADDRESS	5000 SW 82 AVE
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	SD
NAME	MANZANARES, BEATRIZ
STREET ADDRESS	5000 SW 82 AVE
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Beatriz Manzanares 01-18-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #