2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000082484

Entity Name: RENTAR IBEROAMERICA, INC.

FILED Aug 03, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
151 CRAN #528	IDON BLVD.				
	AYNE, FL 331	49			
Current Mailing Address:			New Mailing Address:		
	IDON BLVD.				
#528 KEY BISC	AYNE, FL 331	49			
FEI Number	: 20-0159599	FEI Number Applied For ()	FEI Number Not App	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
#528 KEY BISC. The above	NDON BLVD. AYNE, FL 331 anamed entity		urpose of changing i	ts registered of	fice or registered agent, or both,
	e of Florida. 				
SIGNATUI		ois Signature of Degistered Age	nt		Data
		nic Signature of Registered Age			Date
		3(2)(b), F.S., the corporation did not g Trust Fund Contribution ().	t receive the prior notic	e.	
	S AND DIREC	=	ADDITION	S/CHANGES	TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	P (SADER, ALON 151 CRANDON KEY BISCAYN	I BLVD. #528	Title: Name: Address: City-St-Zip:	()	Change()Addition
Title: Name: Address: City-St-Zip:	SADER, MARIA	MA, QTA MARIA-LUIS, CLUB HIPICO	Title: Name: Address: City-St-Zip:	()	Change ()Addition
Title: Name: Address: City-St-Zip:	V (SADER, JORG 151 CRANDON KEY BISCAYN	I BLVD. #528	Title: Name: Address: City-St-Zip:	V (X) SADER, JORGE 151 CRANDON I CARACAS, DF	BLVD. #528
Title: Name: Address: City-St-Zip:	SADER, MARY CALLE LA SOF		Title: Name: Address: City-St-Zip:	SADER, MARYE	A, QTA MARIA-LUIS, CLUB HIPICO
Title: Name:	V (SADER, MONI) Delete	Title: Name:	V (X) SADER, MONIC	Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip: CARACAS, 10 1080

SIGNATURE: ALONSO SADER PD 08/03/2005

City-St-Zip: LAS ROSAS DE MADRID, PM 28230