

FILED

Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000128463

1. Entity Name
THE RENTAL GALLERY INC.



Principal Place of Business
3240 RIVER BRANCH CIRCLE
KISSIMMEE, FL 34741

Mailing Address
3240 RIVER BRANCH CIRCLE
KISSIMMEE, FL 34741

DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03)

4. FBI Number
61-1433660

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SOTO, KEILA
3240 RIVER BRANCH CIRCLE
KISSIMMEE, FL 34741

**DO NOT WRITE
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 reinstalling)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SOTO, NATHAN
STREET ADDRESS	3240 RIVER BRANCH CIRCLE
CITY - ST - ZIP	KISSIMMEE, FL 34741

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

CA 704-8912-107 (50, 7)

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IN THIS SPACE**

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

Date _____

Dealing Phase *