


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90095 028 \*\*\*158.75

<b>DOCUMENT # P03000149276</b>	
1. Entity Name <b>L M RENTALS, INC.</b>	

Principal Place of Business <b>370 N.E. 211 STREET NORTH MIAMI BEACH, FL 33179</b>	Mailing Address <b>370 N.E. 211 STREET NORTH MIAMI BEACH, FL 33179</b>
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40033337



02232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>73-1693053</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MENDEZ, MARIE 370 N.E. 211 STREET NORTH MIAMI BEACH, FL 33179</b>
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**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 *Marie Mendez* DATE 3/7/07  
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MENDEZ, MARIE 370 N.E. 211 STREET NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MENDEZ, LUIS MICHAEL 370 N.E. 211 STREET NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NACHON, CARLOS 2477 WEST 4TH AVENUE HIALEAH, FL 33010
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: *Marie Mendez* Date 2/22/07 Daytime Phone # 305-999-0937  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR