

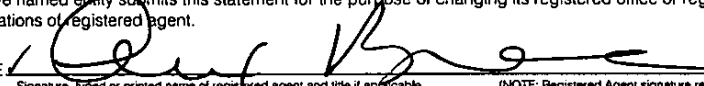
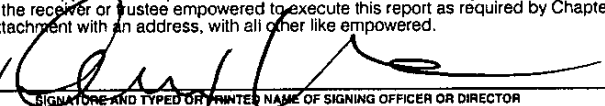


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90280 030 ***150.00

DOCUMENT # P04000010259 1. Entity Name ALL DAY PARTY RENTAL, INC.					
Principal Place of Business 14912 SW 169 LN MIAMI, FL 33187		Mailing Address 15970 N. State # 207 Weston, FL 33326			
2. Principal Place of Business 807 Lavender circle		3. Mailing Address 15970 State Rd. 84 Suite 207			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04082005 Chg-P CR2E034 (10/03)	
City & State Weston, FL		City & State Weston, FL		4. FEI Number 32-0106712	
Zip 33327		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARROSO, ALEXANDER 14912 SW 169 LN MIAMI, FL 33187		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 807 Lavender Circle City Weston FL Zip Code 33327			
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: 4/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARROSO, MARIA W 14912 SW 169 LN MIAMI, FL 33187	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 807 Lavender circle Weston, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NAJAR, HECTOR 14901 SW 169 LN MIAMI, FL 33187	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 807 Lavender circle Weston FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BARROSO, ALEXANDER 14912 SW 169 LN MIAMI, FL 33187	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 807 Lavender circle Weston, FL 33327
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 				Date: 4/15/05	