2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000084320

FILED Jul 01, 2005 Secretary of State

Entity Name: TERRY'S PARTY RENTAL, INC. **Current Principal Place of Business: New Principal Place of Business:** 2175 NW FLAGLER TERRACE MIAMI, FL 33125 **Current Mailing Address: New Mailing Address:** 2175 NW FLAGLER TERRACE MIAMI, FL 33125 FEI Number: 06-1726318 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAMPS, MARIA T 2175 NW FLAGLER TERRACE MIAMI, FL 33125 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Change () Addition () Delete Title: PDT CAMPS, MARIA T CAMPS, MARIA T Name: Name: 2175 NW FLAGLER TERRACE 2175 NW FLAGLER TERRACE Address: Address: City-St-Zip: MIAMI, FL 33125 City-St-Zip: MIAMI, FL 33125 Title: Title: VDS () Delete (X) Change () Addition CAMPS, JOEL Name: Name: CAMPS, JOEL 15395 SW 171 STREET 15395 SW 171 STREET Address: Address: MIAMI, FL 33187 MIAMI, FL 33187 City-St-Zip: City-St-Zip:

Title: (X) Delete CAMPS, MARIA T Name: 15395 SW 171 STREET Address: City-St-Zip: MIAMI, FL 33187

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARIA T CAMPS PTD 07/01/2005

() Change () Addition