

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 14, 2005 8:00 am**  
**Secretary of State**

08-15-2005 90080 044 \*\*\*150.00

|                                                 |                                                                                   |
|-------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P04000093126</b>                  |  |
| 1. Entity Name<br><b>FERPING RENTALS, CORP.</b> |                                                                                   |

|                                                                            |                                                                |
|----------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business<br><b>490 SE 30 DR<br/>HOMESTEAD, FL 33033</b> | Mailing Address<br><b>490 SE 30 DR<br/>HOMESTEAD, FL 33033</b> |
|----------------------------------------------------------------------------|----------------------------------------------------------------|

**66027316**

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|                                                                                          |                               |
|------------------------------------------------------------------------------------------|-------------------------------|
| 08102005 Chg-P CR2E034 (10/03)                                                           |                               |
| 4. FEI Number <b>84-1649869</b>                                                          | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|                                                                    |  |
|--------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                    |  |
| <b>FERNANDEZ, JAIME E<br/>490 SE 30 DR<br/>HOMESTEAD, FL 33033</b> |  |

|                                                    |             |
|----------------------------------------------------|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name                                               |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City                                               | FL Zip Code |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when releasing) DATE \_\_\_\_\_

|                                                                 |                                                                                                                           |                                                                                                 |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 7, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fee</b> | In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice. |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS |                                 |
|----------------------------|---------------------------------|
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       | <b>P FERNANDEZ, JAIME E</b>     |
| STREET ADDRESS             | <b>490 SE 30 DR</b>             |
| CITY-ST-ZIP                | <b>HOMESTEAD, FL 33033</b>      |
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  |                                                                   |
| STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                                           |                                                                   |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  |                                                                   |
| STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                                           |                                                                   |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  |                                                                   |
| STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                                           |                                                                   |
| TITLE                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  |                                                                   |
| STREET ADDRESS                                        |                                                                   |
| CITY-ST-ZIP                                           |                                                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, without other like empowered.

SIGNATURE:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #