

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90038 039 ***150.00

DOCUMENT # P04000106736

1. Entity Name
TABLE MASS PARTY RENTALS, INC.



Principal Place of Business
**12355 NE 13TH AVE
205
N MIAMI, FL 33161**

Mailing Address
**12355 NE 13TH AVE
205
N MIAMI, FL 33161**

50010012



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03092006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
56-2504977

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIBASCI, TAMMY
12355 NE 13TH AVE
205
N MIAMI, FL 33161**

Name **LUIS E. HERNANDEZ**
Street Address (P.O. Box Number is Not Acceptable)
12355 NE 13 AVE # 205
City **N. MIAMI** FL Zip Code **33161**

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 **Eriberto Jimenez**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/9/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **JIMENEZ, ERIBERTO**
STREET ADDRESS **1391 ALTON ROAD**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **P** ☒ Change ☐ Addition
NAME **LUIS E. HERNANDEZ**
STREET ADDRESS **12355 NE 13 AVE # 205**
CITY-ST-ZIP **N. MIAMI, FL 33161**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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: **Eriberto Jimenez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/06

DATE

305-774-5658

DAYTIME PHONE #