## 2005 FOR PROFIT CORPORATION

## FILED May 03, 2005 8:00 am

|  |                           | ANNUAL   | REPORT   | _ Secretary of State                  |  |   |
|--|---------------------------|--|--|---------------------------------------|--|---|
| DOCUMENT # P04000109822  1. Entity Name RENT MY HUSBAND SERVICES, INC.   |                           |  |  |                                       | 05-03-2005 90102 037 ***150.00   |   |
| Principal Place of Business 5700 W. ATLANTIC AVENUE SUITE 101 DELRAY BEACH, FL 33484 2. Principal Place of Business                                |                           |  | Mailing Address 5700 W. ATLANTIC AVENUE SUITE 101 DELRAY BEACH, FL 33484 |                                       | 40079414   |   |
| Suite, Apt.  |                           | Smmerciall   | Suite, Apt. #, etc.  | ). Commarica                          | 03092005 Chg-P CR2E034 (10/03)   | _ |
| Kauder   | <u> </u>                  | tr 33319   | havderhull:  | R 33319                               | 4. FEI Number Applied For Not Applieable   | е |
| 3331   | 9                         | Supery S   | 33319  | cours /                               | 5. Certificate of Status Desired S8.75 Additional Fee Required                   |   |
| GONZALEZ, CESAR AUGUSTO 5700 W. ATLANTIC AVENUE SUITE 101 DELRAY BEACH, FL 33484   |                           |  |  |                                       |  |   |
| 8. The above the obligations SIGNATURE _   | ions of regist            | agent.   |  |                                       | gistered agent, or both, in the State of Florida. I am familiar with, and accept | t |
| Significal typed of pit file of are of regulated agent and title if applicable. (NOTE: Registered Agent alguature required when reinstating)  DATE |                           |  |  |                                       |  |   |
|  |                           | FEE IS \$150.00<br>5 Fee will be \$550.0                   | 9. Election Campa Trust Fund Cont  | · · · ·                               | \$5.00 May Be<br>Added to Fees   |   |
| 10.  |                           | OFFICERS AND   | DIRECTORS  | 11.                                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                | ┪ |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP  | 5700 W. A                 | EZ, CESAR AUGUSTO<br>ATLANTIC AVENUE SU<br>BEACH, FL 33484 | □ Delete   | TITLE NAME STREET ADDRESS CITY-S1-ZIP | ☐ Change ☐ Addition  | n |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | D<br>GONZALE<br>5700 W. A | EZ, MARGARITA<br>ATLANTIC AVENUE SU<br>BEACH, FL 33484     | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition  | n |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP  |                           |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-SI-ZIP | ☐ Change ☐ Addillor  | n |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                           |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition  | В |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                           |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                           | 4  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition  | n |

12. I hereby certify that the information supplied with this filling 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.

CITY-\$T-ZIP