


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2005 8:00 am**  
**Secretary of State**

01-07-2005 90020 039 \*\*\*150.00

<b>DOCUMENT # P04000150573</b>					
1. Entity Name <b>MENDOZA RENTAL CORP.</b>					
Principal Place of Business <b>6737 SW 22 ST MIAMI, FL 33155</b>			Mailing Address <b>6737 SW 22 ST MIAMI, FL 33155</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-1836995</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**00000662**



01042005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MENDOZA, JOSE R 6737 SW 22 ST MIAMI, FL 33155</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	<b>FL</b> 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MENDOZA, JOSE R</b>		NAME		
STREET ADDRESS	<b>6737 SW 22 ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33155</b>		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MENDOZA, MIGUEL</b>		NAME		
STREET ADDRESS	<b>6737 SW 22 ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33155</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MENDOZA, JOSE A</b>		NAME		
STREET ADDRESS	<b>6737 SW 22 ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIAMI, FL 33155</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSE R. MENDOZA, P.** 01-04-05 (305) 989-1147

Date

Daytime Phone #