2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2008 08:00 Al Secretary of State

ANNOAL REPORT				20011,2000		
DOCUMENT # P04000150573 1. Entity Name MENDOZA RENTAL CORP.				Secretary o	of S	
Principal Plac	ce of Business	Mailing Address				
6737 SW 22	? ST	6737 SW 22 ST				
MIAMI, FL 3	33155	MIAMI, FL 33155		1		
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DO MOT MIDITE IN THIS OR OF			~ =	02082008 No Chg-P CR2E034 (11/05)		
DO NOT WRITE IN THIS SPA			CE	4. FEI Number Applied	For	
		•		20-1836995 Not App	licable	
				5. Certificate of Status Desired 38.75 Additional	il .	
			*	5. Certificate of Statos Desired Fee Required		
	6. Name and Address of Current Re	gistered Agent			•	
MENDOZ	• 100E B					
MENDOZA 6737 SW 2				DO NOT WRITE		
MIAMI, FL		•	`. `			
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	 named entity submits this statement for the title of registered agent. 	e purpose of changing its register	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and a	accept	
ino obligat	tions of registered agent.					
SIGNATURE_					_	
	Signature, typed or printed name of registered agent and	Utte II applicable (NOTE: Registere	id Agent signature required	d when reinstating) DATE		
FIL	.E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		.00 May Be U000000827678 led to Fees 02/21/08-80099-015 150.	.00	
10.	OFFICERS AND DI	RECTORS		The state of the s	: :	
TITLE	P			ر در این در	٠, ٠	
NAME	MENDOZA, JOSE R				• •	
STREET ADDRESS	6737 SW 22 ST					
CITY-ST-ZIP	MIAMI, FL 33155					
TITLE NAME	V MENDOZA, MIGUEL				i	
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CITY-ST-ZIP	MIAMI, FL 33155					
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CITY-ST-ZIP	MIAMI, FL 33155		at a second	DO NOT WRITE		
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CITY-SI-ZIP				The production of the state of the state		
	Cartify that the information supplied with the	e filling does not qualify for the ov	amptions contains	t in Chanter 119 Florida Statutes I further certify that the inform	ntion	
12. Thereby certify that the information supplied with this filling 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 trusteel ampowered 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 addless, with all other like ampowered.						
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SIGNAT		19W UY 11.6.		- JUS 1000 1000 10	10	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Prone #						
· <u></u>		/ U				