2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 29, 2006 8:00 am Secretary of State **DOCUMENT # P05000002028** 03-29-2006 90120 036 ***150.00 ABREU RENTAL EQUIPMENT, INC. Principal Place of Business Mailing Address 7101 NORTHWEST 74TH STREET 8934 NORTHWEST 114 STREET MEDLEY, FL 33166 HIALEAH GARDENS, FL 33018 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192006 Chg-P CR2E034 (11/05) 4. FEI Number City & State City & State Applied For 20-2100335 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 City 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE Delete TITLE ☐ Change ☐ Addition ABREU, JOSE J NAME NAME 7101 NORTHWEST 74TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP MEDLEY, FL 33166 CITY-ST-ZIP ħιε ☐ Change ☐ Delete TITLE ☐ Addition ABREU, MARINA NAME 7101 NORTHWEST 74TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MEDLEY, FL 33166 CITY-ST-ZIP MLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-74P CITY-ST-78P TITLE Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIDE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ 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 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.

FILED

3-10- 2006

JOSE J. ABREU

SIGNATURE: AND DONE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR