


FILED
May 25, 2007 8:00 am
Secretary of State

05-01-2007 90009 014 ***158.75

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000002028			
1. Entity Name ABREU RENTAL EQUIPMENT, INC.			
Principal Place of Business 7101 NORTHWEST 74TH STREET MEDLEY, FL 33166		Mailing Address 8934 NORTHWEST 114 STREET HIALEAH GARDENS, FL 33018	
2. Principal Place of Business - No P.O. Box # 7700 W OKEECHOBEE		3. Mailing Address 8934 NW 114 ST.	
Suite, Apt. #, etc. 5		Suite, Apt. #, etc.	
City & State HIALEAH GARDENS FL		City & State HIALEAH GARDENS FL	
Zip 33018		Zip 33018	
Country DADE		Country DADE	
4. FEI Number 20-2100335		Applied For Not Applicable	
5. Certificate of Status Desired [X] \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: _____ (NOTE: Registered Agent signature required when retreating) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP PTD ABREU, JOSE J 7101 NORTHWEST 74TH STREET MEDLEY, FL 33166		TITLE NAME STREET ADDRESS CITY - ST - ZIP [X] Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP SVD ABREU, MARINA 7101 NORTHWEST 74TH STREET MEDLEY, FL 33166		TITLE NAME STREET ADDRESS CITY - ST - ZIP [X] Change [X] Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP [X] Change [X] Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP [X] Change [X] Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP [X] Change [X] Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP [X] Change [X] Addition	
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: <u>Jose Abreu</u>		5/22/07 205-805-5715 305-244-4550	