

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000006790

1. Entity Name  
HIGINIO RENTAL PROPERTIES, INC.



Principal Place of Business  
200 S.W. 1ST STREET  
BELLE GLADE, FL 33430

Mailing Address  
200 S.W. 1ST STREET  
BELLE GLADE, FL 33430

**FILED  
Jan 24, 2008 08:00 AM  
Secretary of State**



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2432439	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ALVAREZ, GILBERTO  
200 S.W. 1ST STREET  
BELLE GLADE, FL 33430

**DO NOT WRITE  
IN THIS SPACE**

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

*Gilberto Alvarez*

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

(NOTE: Registered Agent signature required when restating)

DATE

*1/22/08*

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE D  
NAME ALVAREZ, ROBERT  
STREET ADDRESS 601 N.E. 2ND STREET  
CITY-ST-ZIP BELLE GLADE, FL 33430

000000794752  
01/28/08-80020-013 150.00

TITLE D  
NAME ALVAREZ, GILBERTO  
STREET ADDRESS 400 N.E. 2ND STREET  
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Shane L. Lewis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/22/08*

Date

*561-996-3000*

Daytime Phone #