

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90045 010 \*\*\*150.00

60033467



03282007 Chg-P CR2E034 (12/06)

4. FEI Number  
34-2032326  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P05000007612  
1. Entity Name  
PREMIER RENTALS & MANAGEMENT, INC.



Principal Place of Business  
777 BRICKELL AVE, STE 1070  
MIAMI, FL 33131  
Mailing Address  
777 BRICKELL AVE, STE 1070  
MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #  
1871 N.W. North River Dr  
Suite, Apt. #, etc.  
3. Mailing Address  
1871 N.W. North River Dr  
Suite, Apt. #, etc.

City & State  
MIAMI FLA.  
Zip  
33125  
Country  
USA  
City & State  
MIAMI FLA.  
Zip  
33125  
Country  
USA

6. Name and Address of Current Registered Agent  
KENNEY, JUDITH  
777 BRICKELL AVE, STE 1070  
MIAMI, FL 33131

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 reinstating)  
DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	D PASCOE, ED 253 SW 22ND AVE MIAMI, FL 33135 Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 3/28/07  
Daytime Phone #: 305-326-0060 X102