

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000045657

1. Entity Name

LA EDAD DE ORO PARTY RENTAL, INC.
Miami Party Rentals, Inc



FILED

06 FEB 10 PM 3:08

CLERK OF THE STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

300 S.W. 107 AVE., STE. 106
MIAMI, FL 33174

Mailing Address

300 S.W. 107 AVE., STE. 106
MIAMI, FL 33174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02082006

Chg-P

CR2E034 (11/05)

06

4. FEI Number

20-2590687

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, YUCYMY C
300 S.W. 107 AVE., STE. 106
MIAMI, FL 33174

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
PTD
CHAVEZ, GUSTAVO C
300 S.W. 107 AVE., STE. 106
MIAMI, FL 33174
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400066554234
02/24/06--01012--007 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
MARTINEZ, YUCYMY
300 S.W. 107 AVE., STE. 106
MIAMI, FL 33174
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YUCYMY MARTINEZ - 02/08/06

Date

Daytime Phone #

© Mitchell

FEB 10 2006