


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90069 032 ***150.00

DOCUMENT # P05000064000 1. Entity Name D & Y TENT RENTAL, CORP.					
Principal Place of Business 6500 W 20 AVE B-10 HIALEAH, FL 33016			Mailing Address 2709 W 55 PL HIALEAH, FL 33016		
2. Principal Place of Business - No P.O. Box # 12382 SW 85 PL		3. Mailing Address 12382 SW 85 PL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Dunnellon, FL		City & State Dunnellon, FL		4. FEI Number 20-2785449	
Zip 34432		Country Marion		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LINARES, NIURKA V 2709 W. 55TH PL. HIALEAH, FL 33016		7. Name and Address of New Registered Agent Name Niurka V. Linares Street Address (P.O. Box Number is Not Acceptable) 12382 SW 85 PL City Dunnellon FL Zip Code 34432			
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, 2008 Fee will be \$550.00					
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	PD LINARES, NIURKA V 2709 W. 55TH PL. HIALEAH, FL 33016 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12382 SW 85 PL Dunnellon, FL 34432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIJARES, JOSE M 2709 W. 55TH PL. HIALEAH, FL 33016 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12382 SW 85 PL Dunnellon FL 34432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MIJARES, YAUMARA 2709 W. 55TH PL. HIALEAH, FL 33016 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12382 SW 85 PL Dunnellon, FL 34432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Niurka V. Linares</i> Niurka V. Linares			Date 4/17/08 Daytime Phone # 852-872 2750		