


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P05000112939</b> 1. Entity Name <b>ANDRES PEREZ RENTAL, INC.</b>	
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FILED  
08 SEP 15 AM 9:13  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <del>1188 N.W. 114 AVENUE</del> CORAL SPRINGS, FL 33071	Mailing Address <del>1188 N.W. 114 AVENUE</del> CORAL SPRINGS, FL 33071
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2. Principal Place of Business - No P.O. Box # <b>1776 West 38 Place</b> Suite, Apt. #, etc.	3. Mailing Address <b>1776 West 38 Place</b> Suite, Apt. #, etc.
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09122008    Chg-P    CR2E034 (12/06)

City & State <b>Hialeah Florida</b>	City & State <b>Hialeah Florida</b>		
Zip <b>33012</b>	Country <b>U.S.A.</b>	Zip <b>33012</b>	Country <b>U.S.A.</b>

4. FEI Number <b>20-3468081</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>PEREZ, ALEXANDER A</b> <del>1188 N.W. 114 AVENUE</del> CORAL SPRINGS, FL 33071	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1776 West 38 Place</b> City <b>Hialeah</b> <b>FL</b> Zip Code <b>33012</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete PEREZ, ALEXANDER A	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, ALEXANDER A	NAME	
STREET ADDRESS	<del>1188 N.W. 114 AVENUE</del>	STREET ADDRESS	1776 West 38 Place
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	CITY-ST-ZIP	Hialeah Florida 33012
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	000136107200
CITY-ST-ZIP		CITY-ST-ZIP	09/18/08--01049--020 **150.00
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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]*      9/18/08      (305)362-9139  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #