## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 29, 2006 8:00 am Secretary of State 03-29-2006 90114 022 \*\*\*158.75 DOCUMENT # P05000112980 1. Entity Name AFFORDABLE PARTY RENTALS INC. Principal Place of Business Mailing Address 2087 GALE AVENUE SOUTHWEST 2087 GALE AVENUE SOUTHWEST PALM BAY, FL 32908 PALM BAY, FL 32908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 20-3364304 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. Street Address (P.O. Box Number is Not Acceptable) 4TH FLOOR MIAMI, FL 33145 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 NATALIA 3/27/2006 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. **PSTD** ☐ Delete TITLE TITI F ☐ Change ☐ Addition STRAWSER, KRISTA NAME 2087 GALE AVENUE SOUTHWEST STREET ADDRESS STREET ADDRESS PALM BAY, FL 32908 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME MARAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:	Krista Strawser
_	PICTUATURE AND TYPES OF OBJUTED NAME OF CICHING

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Change

☐ Addition

**FILED**