2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 24, 2008 8:00 am
Secretary of State
03-24-2008 90046 031 ***150.00

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1. Entity Name
VSFFR RENTAL, INC.

40050494

Principal Place of Business	Mailing Address
3406 GATORBAY CREEK BLVD ST CLOUD, FL 34772 US	3406 GATORBAY CREEK BLVD ST CLOUD, FL 34772 US

03112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3373241
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PERALTA, VICTOR
1525 ABBERTON DRIVE
ORLANDO, FL 32837

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PERALTA, VICTOR
STREET ADDRESS	1525 ABBERTON DRIVE
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	VP
NAME	RAFAEL, PERGLTA
STREET ADDRESS	3307 BLUE JAY CT
CITY-ST-ZIP	ST CLOUD, FL 34772
TITLE	S
NAME	PERALTA, FREDDY J
STREET ADDRESS	3254 COUNTRYSIDE VIEW DRIVE
CITY-ST-ZIP	ST CLOUD, FL 34772
TITLE	T
NAME	PERALTA, SERGIO
STREET ADDRESS	3406 GATORBAY CREEK BLVD
CITY-ST-ZIP	SAINT CLOUD, FL 34772
TITLE	D
NAME	PERALTA, FELIX
STREET ADDRESS	102 KASSIK CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Victor peralta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #