## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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## DOCUMENT # P05000118842

1. Entity Name
VSFFR RENTAL, INC.



Principal Place of Business

3406 GATORBAY CREEK BLVD ST CLOUD, FL 34772 US Mailing Address

3406 GATORBAY CREEK BLVD ST CLOUD, FL 34772 US

## FILED Mar 24, 2008 8:00 am Secretary of State

03-24-2008 90046 031 \*\*\*150.00

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No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3373241

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

PERALTA, VICTOR 1525 ABBERTON DRIVE ORLANDO, FL 32837

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<b>t</b> .		-  -			іпіз эга	VE.	
	named entity submits this statement for the purpoions of registered agent.	se of changing its registered	d office or re	gistered agent, or bot	th, in the State of Florida	I am familiar with, ar	nd accept
SIGNATURE	. Signature, typed or printed name of registered agent and title if applied	cable. (NOTE: Registered	Agent signature	equired when reinstating)		DATE	<u></u>
	ay 1, 2008 Fee will be \$550.00	Election Campaign Financ     Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	7-7-1		
10.	OFFICERS AND DIRECTOR	RS	17 T T T	***		2. 2 % Det 1. 1	5 4.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERALTA, VICTOR 1525 ABBERTON DRIVE ORLANDO, FL 32837						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAFAEL, PERGLTA 3307 BLUE JAY CT ST CLOUD, FL 34772						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PERALTA, FREDDY J 3254 COUNTRYSIDE VIEW DRIVE ST CLOUD, FL 34772			DO	NOT WR	ITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERALTA, SERGIO 3406 GATORBAY CREEK BLVD SAINT CLOUD, FL 34772			IN.	THIS SPA	CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERALTA, FELIX 102 KASSIK CIRCLE ORLANDO, FL 32824						
TITLE NAME				** *** *** *** *** *** *** *** *** ***	***		

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:** 

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #