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

## **FILED** Mar 01, 2006 8:00 am Secretary of State 02-06-2006 90097 004 \*\*\*150.00

1. Entity Nam	ne .	# P05000136 RENTALS, INC.	091							
Principal Place of Business 7210 NW 77 ST MEDLEY, FL 33166			Mailing Address 7210 NW 77 ST MEDLEY, FL 33166		66003160					
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01252006 Chg-P CR2E034 (11/05)					
City & State			City & State		4. FEI Numb ×20 —	3851920		Applied For Not Applicable		
Zip Country		Zip Cour		ntry	5. Certificate of Status Desired					
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
NODA JORGE					Name					
MORA, JO 7210 NW 7 MEDLEY,	77 ST			Street Address (P.O. Box Number is Not Acceptable)						
					City	FL 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_	Signature, typed o	r prested name of registered agent ar	nd title if applicable. (NOTE	Registere	id Agent signeture required	I when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign F Trust Fund Contribut						.00 May Be ed to Fees				•
10.		OFFICERS AND D	DIRECTORS	11.		ADDITIONS.	CHANGES TO OFF	CERS AND DIRECTO	09S IN 11	
TITLE	DP		☐ Delete	TITU	· T		70.121.020	☐ Change		
NAME	MORA, NIVARDO			NAM						
STREET ADDRESS CITY-ST-ZIP	7210 NW 7	- <del>-</del> -			ET ADORESS				1	
·	MEDLEY, I	-L 33100		-	-SI-ZP					
TITLE NAME		Li Daat		TITLE NAME	- 1	☐ Change ☐ Additio			: 🔲 Addition	
STREET ADDRESS	7210 NW 7				ET ADDRESS					
CITY-ST-ZP	MEDLEY, F	FL 33166		CITY	-ST-ZIP				Ì	
TITLE,	DST		☐ Delete	TITL		-		Change	Addition	
NAME CERTE LORDECCE	MORA, MIF 7210 NW 7			NAM			•		- '	
STREET ADDRESS CITY-ST-ZIP	MEDLEY, F	•			ET ADDRESS - ST-2IP				ļ	
- Inte			C Delete	= ~mu						
NAME			Voice	NAM				Tivingi	Accessor	
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP					-S1-20P	<del></del>	<del></del>			
TITLE NAME			☐ Oelete	TITLE				Change	Addition	
STREET ADDRESS					ET ADDRESS				]	
CITY-ST-ZIP				CITY	·ST-ZIP					
TITLE			☐ Delete	TITLE				☐ Change	Addition	
MAME	ME			NAM	1					
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST- ZIP				1	
12. I hereby o	on this report	or emplomental report is t	his filing does not qualify for rue and accurate and that me vered to execute this report in thall other like empowered.	the exe	emptions contained	oma local offer	t sa il made ueder e	ath that I am an allias	sa ne disposan	

SIGNATURE: SIGNATURE AND TYPED OR PRATED HAME OF BIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2006

ESS EQUIPMENT RENTALS, INC. • 7210 NW 77 ST MEDLEY, FL 33166

Subject: ESS EQUIPMENT-RENTALS, INC.

Reference Number:

P05000136091

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH

ANNUAL REPORTS SECTION OF THE LEFT BOTTOM. THE PROPERTY OF THE LEFT BOTTOM. THE LEFT BOTTOM. THE PROPERTY OF THE LEFT BOTTOM. THE LEFT BOTTOM. THE LEFT BOTTOM. THE LEFT BOTTOM. THE LEFT BOTTOM.