



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2006 8:00 am**  
**Secretary of State**

07-24-2006 90005 049 \*\*\*150.00

<b>DOCUMENT # P05000152691</b> 1. Entity Name <b>BETTER RENTALS, INC.</b>					
Principal Place of Business <b>6971 N. FEDERAL HIGHWAY SUITE 105 BOCA RATON, FL 33487</b>			Mailing Address <b>6971 N. FEDERAL HIGHWAY SUITE 105 BOCA RATON, FL 33487</b>		
2. Principal Place of Business <i>1140 Holland Drive</i> Suite, Apt. #, etc. <i>Suite 11</i> City & State <i>Boca Raton, FL</i> Zip <i>33487</i> Country <i>USA</i>		3. Mailing Address <i>1140 Holland Drive</i> Suite, Apt. #, etc. <i>Suite 11</i> City & State <i>Boca Raton, FL</i> Zip <i>33487</i> Country <i>USA</i>			
07192006 Chg-P CR2E034 (11/05)				4. FEI Number <i>11-3763151</i>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GREENWALD, STEVEN I ESQ. 6971 N. FEDERAL HIGHWAY SUITE 105 BOCA RATON, FL 33487</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>SMOLANSKY, JEFF 6971 N. FEDERAL HIGHWAY, SUITE 105 BOCA RATON, FL 33487</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SMOLANSKY, JEFF 1140 Holland Drive, #11 Boca Raton, FL 33487</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <i>Jeff Smolansky</i>			Date <i>7/18/06</i> Daytime Phone # <i>(561) 893-9900</i>		