
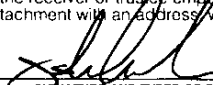


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90043 047 ***150.00

DOCUMENT # P05000161401 1. Entity Name RENT-A-RIM 2, INC.					
Principal Place of Business 3900 78TH AVE. PINELLAS PARK, FL 33781 US			Mailing Address 9051 FLORIDA MINING BLVD. SUITE 103 TAMPA, FL 33634		
2. Principal Place of Business - No P.O. Box # 9051 FLORIDA MINING BLVD		3. Mailing Address Suite, Apt. #, etc. SUITE 103			
City & State TAMPA, FL		City & State TAMPA, FL			
Zip 33634	Country U.S.A.	Zip 33634	Country U.S.A.	4. FEI Number 20-3935484	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01232008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent ANDERSON, JOSH 502 S. FREEMONT AVE. APT. 1442 TAMPA, FL 33606			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;"> FL Zip Code </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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME ANDERSON, JOSH STREET ADDRESS 502 S. FREEMONT AVE., APT 1442 CITY-ST-ZIP TAMPA, FL 33606	<input type="checkbox"/> Delete		TITLE P NAME ANDERSON, JOSH STREET ADDRESS 502 S. FREEMONT AVE., APT 1442 CITY-ST-ZIP TAMPA, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME VAN VUUREN, ETTIENNE STREET ADDRESS 3129 VILLA ROSA STREET CITY-ST-ZIP TAMPA, FL 33611	<input type="checkbox"/> Delete		TITLE VP NAME VAN VUUREN, ETTIENNE STREET ADDRESS 3129 VILLA ROSA STREET CITY-ST-ZIP TAMPA, FL 33611	<input checked="" 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	
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	
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:  JOSH ANDERSON 1-29-08 813.769.2300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					