2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 22, 2008
Secretary of State

DOCUMENT# P07000046543

Entity Name: LULU'S MAGICAL RENTALS, INC.

Current Principal Place of Business:

11204 SW KINGS LAKE CIRCLE
PORT ST. LUCIE, FL 34987 US

New Principal Place of Business:

Current Mailing Address:

3123 LAUREL RIDGE CIRCLE
RIVIERA BEACH, FL 33404 US

New Mailing Address:

11204 SW KINGS LAKE CIRCLE
PORT ST. LUCIE, FL 34987 US

FEI Number: 20-8852727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CASALS, JOSE
3123 LAUREL RIDGE CIRCLE
RIVIERA BEACH, FL 33404 US

Name and Address of New Registered Agent:

CASALS, MARIA L
11204 SW KINGSLAKE CIRCLE
PORT ST LUCIE, FL 34987 US

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.

SIGNATURE: MARIA L CASALS 10/22/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CASALS, JOSE
Address: 3123 LAUREL RIDGE CIRCLE
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: S ( ) Delete
Name: LACAPE, MARIA D
Address: 3123 LAUREL RIDGE CIRCLE
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: T ( ) Delete
Name: LACAPE, MARIA D
Address: 3123 LAUREL RIDGE CIRCLE
City-St-Zip: RIVIERA BEACH, FL 33404 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CASALS, MARIA L
Address: 112O4 SW KINGSLAKE CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34987 US

Title: S (X) Change ( ) Addition
Name: CASALS, MARIA L
Address: 11204 SW KINGSLAKE CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34987 US

Title: T (X) Change ( ) Addition
Name: CASALS, MARIA L
Address: 11204 SW KINGSLAKE CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34987 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA L CASALS P 10/22/2008
Electronic Signature of Signing Officer or Director Date