

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000099212

Entity Name: KALINA RENTALS INC.

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

1609 N. RIVERSIDE DR. #401  
POMPANO BEACH, FL 33062

## **New Principal Place of Business:**

1609 N. RIVERSIDE DR.  
# 401  
POMPANO BEACH, FL 33062

## **Current Mailing Address:**

1609 N. RIVERSIDE DR. #401  
POMPANO BEACH, FL 33062

## **New Mailing Address:**

1609 N. RIVERSIDE DR.  
# 401  
POMPANO BEACH, FL 33062

FEI Number: 27-1445078

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

LORINCZI, ANDREA  
6675 SOUTH ORIOLE BLVD. #204  
DELRAY BEACH, FL 33446 US

## **Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: BOTTLIK, MIHALY - MR  
Address: 1609 N RIVERSIDE DR APT# 401  
City-St-Zip: POMPANO BEACH, FL 33062

Title: CAO  
Name: LORINCZI, ANDREA  
Address: 6675 S. ORIOLE BLVD. #204  
City-St-Zip: DELRAY BEACH, FL 33446

I hereby 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 all other like empowered.

SIGNATURE: ANDREA LORINCZI

CAO

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date