


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90014 008 \*\*\*150.00

<b>DOCUMENT # P34775</b>	
1. Entity Name <b>SOUTH CROSS RENTAL COMPANY N.V.</b>	

Principal Place of Business <b>7370 COLLEGE PKWY STE 210 FT MYERS FL 33907 US</b>	Mailing Address <b>P.O. BOX 07307 FT MYERS FL 33919</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number <b>59-2784518</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>TERMOTTO, ROBERT J 7370 COLLEGE PKWY STE 210 FT MYERS FL 33907</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	<b>FL</b>

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be**  
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUSTELO, LUIS F</b>	NAME	
STREET ADDRESS	<b>CASILLA DE CORREO NO. 2006 C1000WAW</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>BUENOS AIRES, ARGENTINA</b>	CITY - ST - ZIP	
TITLE	VPT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUSTELO, FEDERICO</b>	NAME	<b>BUSTELO, FEDERICO</b>
STREET ADDRESS	<b>7370 COLLEGE PARKWAY, SUITE 210</b>	STREET ADDRESS	<b>7370 COLLEGE PARKWAY, SUITE 210</b>
CITY - ST - ZIP	<b>FORT MYERS FL 33907</b>	CITY - ST - ZIP	<b>FORT MYERS FL 33907</b>
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TERMOTTO, ROBERT J</b>	NAME	<b>TERMOTTO, ROBERT J.</b>
STREET ADDRESS	<b>7370 COLLEGE PARKWAY, SUITE 210</b>	STREET ADDRESS	<b>7370 COLLEGE PARKWAY, SUITE 210</b>
CITY - ST - ZIP	<b>FORT MYERS FL 33907</b>	CITY - ST - ZIP	<b>FORT MYERS FL 33907</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07

Date

239-936-3336

Daytime Phone #