2006 FOR PROFIT CORPORATION ANNUAL REPORT

03-24-2006 90030 013 ---150.00
P94000054537

FILED
06 JUL 21 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000054537

1. Entity Name
BARSA RENTALS, INC.

Principal Place of Business
4178 N. ARMENIA
HILSBORO, FL 33607

Mailing Address
9525 ORANGE GROVE DR APT 42
TAMPA, FL 33618

Change to

03212006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
4178 N ARMENIA	4178 N. ARMENIA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33607 Country: US	Zip: 33607 Country: US

4. FEI Number: 65-0527201 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VALIENTE, JORGE CPA 2124 W. KENNEDY AVE., STE. B TAMPA, FL 33606 Change to →	Name: ~~JEREMY ROSS~~ MANUEL JUNCO Street Address (P.O. Box Number is Not Acceptable): ~~220 S. FRANKLIN ST~~ 1211 N WESTSHORE BLVD STE 715 City: TAMPA FL Zip Code: ~~33602~~ 33607

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] 7-18-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BARSA, JOHN E 9525 ORANGE GROVE DR APT 42 TAMPA, FL 33618	☐ Delete Change	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4178 N ARMENIA AVE TAMPA FL 33607
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BARSA, CINDY D 9525 ORANGE GROVE DR APT #42 TAMPA, FL 33618	☐ Delete Change	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4178 N ARMENIA AVE TAMPA FL 33607
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 3/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #