

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000028177

1. Entity Name
ALL COMMUNICATION RENTALS, INC.



Principal Place of Business
**1402 S.W. 13 COURT
POMPANO BEACH, FL 33069**

Mailing Address
**1402 S.W. 13 COURT
POMPANO BEACH, FL 33069**

DO NOT WRITE IN THIS SPACE



02082008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0701436

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FISHMAN, ALAN
2301 WEST SAMPLE ROAD
BLDG 4 STE 1A
POMPANO BEACH, FL 33073**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
JAMISON, LOIS
1402 SW 13TH COURT
POMPANO BEACH, FL 33069**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
SELESNICK, LOUIS
1402 SW 13TH COURT
POMPANO BEACH, FL 33069**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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0000000822186
02/19/08-80056-016 150.00

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

Lois Jamison, VP **LOIS JAMISON** **2/8/08** **954-788-9555**