2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 08:00 AM Secretary of State

ANNUAL REPURI				Connetary of Ctata
1. Entity Nan	MENT # P9700006 re RENT SHOWS, INC.	4161		Secretary of State
Principal Plac	ce of Business	Mailing Address		
2676 NW 97		2676 NW 97TH AVE		
MIAMI, FL 3	13172 US	MIAMI, FL 33172 US		
	The state of the s	***************************************	and accounting to the grant a	04212004 No Chg-P CR2E034 (10/03)
Ε	O NOT WRITI	E IN THIS SPA	CE	
			_	4. FEI Number Applied For 65-0771982 Not Applied by
				C9 75 have
				5. Certificate of Status Desired Fee Required
5. Name and Address of Current Registered Agent				
ARAU, FERNANDO				DO NOT MOITE
11257 NW 62ND AVE				DO NOT WRITE
DORAL, FL 3317§				IN THIS SPACE
				IN THIS SPACE
6. The above	named entity submits this statement	or the purpose of changing its register	ed office or register	ed agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered attenda				
SIGNATURE X D W				
	Signature, typedior printed name of registered agor	and title if applicable (NOTE Registers	d Agent signature required	(whon reinstating) DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	Election Campaign Final Trust Fund Contribution		.00 May Be ed to Fees
10.	OFFICERS AND	DIRECTORS		
TITLE	DPS	3 BINEOTONIO	for the comments.	ر زیری در در موسوره هم
NAME	ARAU, FERNANDO			
STREET ADDRESS	11257 NW 62ND TERR		1	
CATY-ST-ZIP	DORAL, FL 33178		1	
TITLE NAME	VP		1	U00000132664
STREET ADDRESS	IZQUIERDO, ROSALINDA P 11257 NW 62ND TERR			U00000132664 U4/27/04-80057-010 150.00
City-ST-ZIP	DORAL, FL 33178			
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NAME			l	
STREET ADDRESS CRY-ST-ZIP				DO NOT WRITE
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CITY-ST-ZIP	Λ			
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther 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 flustee empoyered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, but all other like empowered				
changed,	or on an attachment with at Address	with all other like empowered		All
SIGNATURE: \ (3)\(\frac{134/04}{2}\)				
SIGNAI	SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER OR DIRECT	OR	Date Daytime Prope #
				<u> </u>