


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000012095	
1. Entity Name ECONO RENTALS, INC.	

Principal Place of Business 17707 NW MIAMI CT. N. MIAMI, FL 33169 US	Mailing Address 17707 NW MIAMI CT. N. MIAMI, FL 33169 US
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02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0815712	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PEREZ, JOSE L 17707 NW MIAMI CT. N. MIAMI, FL 33169	
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**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	PSD PEREZ, JOSE L 17707 N W MIAMI COURT MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PEREZ, JOSE F 6423 COLLINS AVENUE, APT 1110 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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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
JOSE L. PEREZ - PRES.

05/14/08 (305) 690-9998

Date Daytime Phone #