

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90043 036 \*\*\*150.00

<b>DOCUMENT # P98000103832</b> 1. Entity Name <b>D &amp; E PARTY RENTALS, INC.</b>			
Principal Place of Business <b>3130 PEMB RD PEMBROKE PARK, FL 33009</b>		Mailing Address <b>6900 SW 27 ST MIRAMAR, FL 33023</b>	
2. Principal Place of Business <b>11892 SW 13th Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>11892 SW 13th St.</b> Suite, Apt. #, etc.	
City & State <b>Pembroke Pines, FL</b> Zip <b>33025</b> Country		City & State <b>Pembroke Pines, FL</b> Zip <b>33025</b> Country	
4. FEI Number <b>59-3546227</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ESTEVA, EDUARDO 6900 SW 27 ST MIRAMAR, FL 33023</b>		7. Name and Address of New Registered Agent Name <b>Eduardo Esteva</b> Street Address (P.O. Box Number is Not Acceptable) <b>11892 SW 13th Street</b> City <b>Pembroke Pines</b> <b>FL</b> Zip Code <b>33025</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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PDST ESTEVA, EDUARDO 6900 SW 27 ST MIRAMAR, FL 33023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	

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