


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90333 004 ***150.00

DOCUMENT # P980001038327			
1. Entity Name D & E PARTY RENTALS, INC.			
Principal Place of Business 11892 SW 13TH STREET PEMBROKE PINES FL 33025		Mailing Address 11892 SW 13TH STREET PEMBROKE PINES FL 33025	
2. Principal Place of Business 6560 SW 160 AVE Suite, Apt. #, etc. # C11		3. Mailing Address 5387 SW 155 WAY Suite, Apt. #, etc.	
City & State South West Ranches, FL Zip 33331 Country		City & State MIRAMAR Florida Zip 33027 Country	
6. Name and Address of Current Registered Agent ESTEVA, EDUARDO 11892 SW 13TH STREET PEMBROKE PINES FL 33025		7. Name and Address of New Registered Agent Name: ESTEVA, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 5387 S.W. 155 WAY MIRAMAR FL Zip Code 33027	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	POST ESTEVA, EDUARDO 6900 SW 27 ST MIRAMAR FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Edwards Esteve 7/11/05 954-326-6948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #