## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P99000040593**

1. Entity Name

EMERALD TREE RENTAL CORP.



FILED Feb 12, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

18990 SW 152ND STREET MIAMI, FL 33187 18990 SW 152ND STREET MIAMI, FL 33187



01202007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0928178

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

WHITTLE, ESMERALDA 18990 SW 152ND STREET MIAMI, FL 33187

SIGNATURE: W

## DO NOT WRITE

P 22 3 4 4 4 3 3 4 4 5 5 6 5 6 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8				
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			ed Agent signature required when reinstating)	DATE
FILE NOW!II FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				
10.	OFFICERS AND DIREC	CTORS	■ \$1.5 m 17 (\$m) + 20 (\$m)	Charles of high transfer with
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PSTD WHITTLE, ESMERALDA 18990 SW 152ND STREET			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33187  O EMERALD TREE RENTAL CORP 18990 SW 152ND ST MIAMI, FL 33187			U00000631547 02/20/07-80051-017/150,00
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	-		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP			N	THIS SPACE
TITLE NAME STREET ADDRESS CITY+ST+ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filling 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 frustee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR