

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED  
Jan 18, 2008 8:00 am  
Secretary of State**

01-18-2008 90007 016 \*\*\*150.00

<b>DOCUMENT #</b> P99000071992
<b>1. Entity Name</b> AC EQUIPMENT RENTAL INC

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 6817 W 36 AVE STE 101 Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
<b>City &amp; State</b> HIALEAH GARDENS, FL	<b>City &amp; State</b>
<b>Zip</b> 33018	<b>Country</b>

<b>4. FEI Number</b> 65-0947229	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> ANGEL CASANUEVA JR
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 6817 W 36 AVE STE 101
<b>City</b> HIALEAH GARDENS
<b>FL</b>
<b>Zip Code</b> 33018

**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**  **ANGEL CASANUEVA JR** **1/1/2008**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> CASANUEVA JR, ANGEL 6817 W 36 AVE STE 101 HIALEAH GARDENS, FL 33018
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> CASANUEVA, ANGEL 6817 W 36 AVE STE 101 HIALEAH GARDENS, FL 33018
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> WEBSTER III, ROYAL S 9301 SW 92 AVE MIAMI, FL 33176
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**11.**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **ANGEL CASANUEVA JR** **1/8/2008** **(305) 822-0849**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #