


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # S36249</b>	
1. Entity Name S & J RENTAL CORP.	

Principal Place of Business 770 W 20TH ST HIALEAH, FL 33010	Mailing Address 770 W 20TH ST HIALEAH, FL 33010
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01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0253400	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  BRAVO, SIMON 770 W 20TH ST HIALEAH, FL 33010
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<b>DO NOT WRITE IN THIS SPACE</b>
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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.

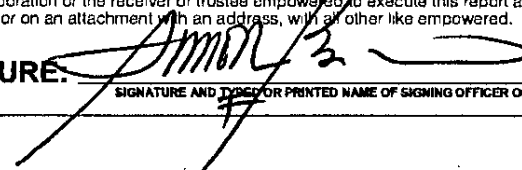
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BRAVO, SIMON 770 W 20TH ST HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V BRAVO, JORGE SR 770 W 20TH ST HIALEAH, FL 33010
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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: 	1/5/07	(305) 881-7525
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #