## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S56009

FILED Jan 08, 2009 Secretary of State

Entity Name: DELTA EQUIPMENT SALES AND RENTALS, INC.

Current Principal Place of Business:			New Principal Place of Business:		
I 2879 SW MIAMI, FL					
Current M	lailing Addres	s:	New Maili	ng Address	<b>5:</b>
I2879 SW MAMI, FL					
El Number: 65-0275801 FEI Number Applied For ( )		FEI Number Not Applicable ( )		Certificate of Status Desired ( )	
Name and	l Address of C	urrent Registered Agent:	Name and	Address of	f New Registered Agent:
	160TH AVE				
ЛАМІ, FL	33185 US				
Γhe above		ubmits this statement for the p	ourpose of changing i	ts registered	d office or registered agent, or both,
	e named entity s e of Florida. RE:	,		ts registered	d office or registered agent, or both,
The above n the Stat	e named entity s e of Florida. RE:	ubmits this statement for the place in the place is signature of Registered Agr		ts registered	d office or registered agent, or both,  Date
The above n the Stat	e named entity s e of Florida. RE: Electron	,		ts registered	
The above n the Stat BIGNATU	e named entity s e of Florida. RE: Electron	ic Signature of Registered Ago	ent		
The above in the State SIGNATU  Election Car  DFFICER  Title:  Jame:  Address:	e named entity se of Florida.  RE: Electron mpaign Financing S AND DIRECT	ic Signature of Registered Ago Trust Fund Contribution ( ).  TORS:  Delete	ent	S/CHANGE	Date
The above n the Stat BIGNATU	e named entity se of Florida.  RE:	ic Signature of Registered Agr Trust Fund Contribution ( ).  FORS: Delete HAVE 35 Delete	ent  ADDITION  Title: Name: Address:	S/CHANGE	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID BOUZA VSD 01/08/2009