


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000006219
 1. Entity Name
NEFF CORP.



Principal Place of Business Mailing Address
3750 NW 87TH AVE SUITE 400 MIAMI, FL 33178 US
3750 NW 87TH AVE SUITE 400 ATTN: JACK SITES MIAMI, FL 33178 US

DO NOT WRITE IN THIS SPACE



04282005 No Chg-P CR2E034 (10/03)
 4. FEI Number **65-0626400** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CORPORATE CREATIONS NETWORK, INC.
 11380 PROSPERITY FARMS ROAD
 #221 E
 PALM BEACH GARDENS, FL 33410**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAS, JUAN CARLOS
STREET ADDRESS	3750 NW 87TH AVE SUITE 400
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	ST
NAME	IRION, MARK
STREET ADDRESS	3750 NW 87TH AVE
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	D
NAME	SCHIEWE, STEVEN
STREET ADDRESS	3750 NW 87TH AVE SUITE 400
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	DC
NAME	MAS, JORGE
STREET ADDRESS	3155 NW 77 AVE
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/05/05-80109-025 150.00

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 reports 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:  **MARK IRION - CFO** **4/26/05** **305-513-3350**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #