


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90061 047 \*\*\*150.00

DOCUMENT # G56282			
1. Entity Name ROYAL RENT-A-CAR SYSTEMS OF FLORIDA, INC.			
Principal Place of Business 3801 NW 25TH ST MIAMI, FL 33142 US		Mailing Address 3801 NW 25TH ST MIAMI, FL 33142 US	
2. Principal Place of Business 3650 N.W. S. RIVER DR. Suite, Apt. #, etc.		3. Mailing Address 3650 N.W. S. RIVER DR. Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI, FL	
4. FEI Number 59-2334873		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01112005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent PERERA, ISMAEL, JR. 1406 N.W. 42ND AVE. MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3650 N.W. S. RIVER DR. City MIAMI FL Zip Code 33142	
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 reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERERA, ISMAEL 3801 NW 25TH ST MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		Date _____ Daytime Phone # _____	

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STATE OF FLORIDA  
 SECRETARY OF STATE