2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

ANNOAL REPORT					Secretary of Stat			
1. Entity Nan	MENT # H62708 RENT-A-CAR, INC.				Se	cretary	y of Stat	
3250 N.W. 2	ce of Business 23RD AVE. 0-100 25BCH EL 22060 1047	Mailing Address 3250 N.W. 23RD AVE. 0-100 POMPANO BEACH, FL 33069	1047					
POMPANO BEACH, FL 33069-1047 POMPANO BEACH, FL 33069-			-1047					
DO NOT WRITE IN THIS SPA				04142005	No Chg-P	((1) ((1) ((1) ((1) ((1) ((1) ((1) (1) (
			CE	4. FEI Numb 59-256			Applied For Not Applicable	
! !				5. Certificate	of Status Desired		5 Additional Required	
	6. Name and Address of Current Re	1						
LLOYD, MAXWELL 3250 NW 23RD AVE POMPANO BEACH, FL 33069			DO NOT WRITE IN THIS SPACE					
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								
JIGHA JOHE	Signature, typed or printed name of registered agent and	d Agent signature require	d when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ded to Fees				
10.	OFFICERS AND DI	RECTORS	1					
TITLE	PSTD		1					
NAME STREET ADDRESS	LLOYD, MAXWELL 3250 NW 23 AVE., #0-100		Ļ		Unoene	308465		
CITY-ST-ZIP	POMPANO BCH., FL 330695903		Į.		U00000 04/15/05-	80093-02	3 150.00	
TITLE	VPD		1					
NAME	COHEN, STEPHEN		1					
STREET ADDRESS CITY-ST-ZIP	3250 NW 23 AVE. 0-100 POMPANO BEACH, FL 33069590:	3	}					
TITLE			f					
NAME			ł					
STREET ADDRESS CITY - ST - ZIP			Į.	DO	NOT W	RITE		
TITLE			1					
NAME CIRCLY ADORGOO			Į	IN	THIS SP	AUE		

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 acquirate and that my signature shall have the same legal effect as if made under eath; 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CHATURE AND THREE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAXWELL Lloyd

4/14/05

954.968.7900

Daytime Phone #