

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90340 020 ***150.00

DOCUMENT # P01000066546 1. Entity Name GLOBAL RENT-A-CAR OF SOUTH FLORIDA, INC.					
Principal Place of Business 3275 NW 24 STREET RD MIAMI, FL 33142			Mailing Address 3256 NW 24 STREET RD MIAMI, FL 33142		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3275 NW 24 St Rd			
City & State Miami FL		City & State Miami FL			
Zip 33142	Country USA	4. FEI Number 65-1118871		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				01252006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent GREENFIELD, ALYSON E ESQ. 15105 NW 77 AVENUE SUITE 303 MIAMI LAKES, FL 33014			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 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	PSTD LLANES, ALFONSO 6471 MAIN STREET, APT 301 MIAMI LAKES, FL 33014 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD Llanes Alfonso 4115 Derby Drive Davie, FL 33330-4316 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MEDEROS, ANTONIO 8825 SW 60 ST MIAMI, FL 33173 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEDEROS, ANTONIO JR 8825 SW 60 ST MIAMI, FL 33142 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: <u><i>Alfonso Llanes</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>4/12/06</u> Daytime Phone #: <u>305-6353060</u>		