
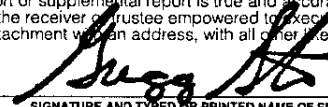


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90268 015 ***150.00

DOCUMENT # F99000002985					
1. Entity Name NATIONSRENT USA, INC.					
Principal Place of Business 450 E. LAS OLAS BLVD., 14TH FLOOR FT. LAUDERDALE, FL 33301			Mailing Address 450 E. LAS OLAS BLVD., 14TH FLOOR FT. LAUDERDALE, FL 33301		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0912181	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME DETROCELLI, PHILIO V STREET ADDRESS 450 E. LAS OLAS BLVD., 14TH FLOOR CITY-ST-ZIP FT. LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete		TITLE P NAME PUTMAN, THOMAS J. STREET ADDRESS 450 E. LAS OLAS BLVD, 14TH FLOOR CITY-ST-ZIP FT LAUDERDALE, FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VTAS NAME BEALL, PAMELA K M STREET ADDRESS 450 E. LAS OLAS BLVD., 14TH FLOOR CITY-ST-ZIP FT. LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SHASHOUA, EZRA STREET ADDRESS 450 E. LAS OLAS BLVD., 14TH FLOOR CITY-ST-ZIP FT. LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete		TITLE D NAME SULIMAN, DOUGLAS M., JR. STREET ADDRESS 450 E. LAS OLAS BLVD, 14TH FLOOR CITY-ST-ZIP FT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VS NAME IZHAKOFF, JOSEPH H STREET ADDRESS 450 E. LAS OLAS BLVD., 14TH FLOOR CITY-ST-ZIP FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VTAS NAME SCHERER, JOHN C STREET ADDRESS 450 E. LAS OLAS BLVD., 14TH FLOOR CITY-ST-ZIP FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME STRAUS, GREGG A STREET ADDRESS 450 E. LAS OLAS BLVD., 14TH FLOOR CITY-ST-ZIP FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 fees empowered.					
SIGNATURE: 			GREGG A. STRAUS		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/15/04 (954) 760-6550 <small>Date Daytime Phone #</small>		