

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000003252 1. Entity Name NATIONSRENT TRANSPORTATION SERVICES, INC.	
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Principal Place of Business 450 EAST LAS OLAS BLVD., 14TH FLOOR FT. LAUDERDALE, FL 33301	Mailing Address 450 EAST LAS OLAS BLVD., 14TH FLOOR FT. LAUDERDALE, FL 33301
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DO NOT WRITE IN THIS SPACE



04112006 No Chg-P CR2E034 (11/05)
 4. FEI Number 65-0922026 Applied For Not Applied
 5. Certificate of Status Desired \$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
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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.

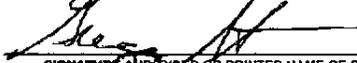
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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 000000544183 05/11/06-80025-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUTMAN, THOMAS J 450 E. LAS OLAS BLVD., STE 1400 FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULIMAN, DOUGLAS M JR 450 E. LAS OLAS BLVD., STE 1400 FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SCHERER, JOHN C 450 EAST LAS OLAS BLVD., 14TH FLOOR FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STRAUS, GREGG A 450 EAST LAS OLAS BLVD., 14TH FLOOR FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS IZHAKOFF, JOSEPH H 450 EAST LAS OLAS BLVD., 14TH FLOOR FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  Gregg A. Straus 4/18/06 (954) 760-6550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #