2004 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

DOCUMENT # H61558

1. Entity Name LAUDERDALE-BY-THE-SEA RENT A CAR, INC.



Principal Place of Business

Mailing Address

4317 OCEAN DR.

LAUDERDALE BY THE SEA, FL 33308

9 SW 13 STREET

FORT LAUDERDALE, FL 33315

FILED Apr 13, 2004 08:00 AM Secretary of State

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03102004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2550882

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, SEAN 9 SW 13 STREET FORT LAUDERDALE, FL 33315

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				** **	
8. The above the obligat	named entity submits this statement for the prions of registered agent	ourpose of changing its registere	d office or re	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature Typed or printed name of registered agent and title	l'applicable (NOTÉ Régistered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	 Election Campaign Finan Trust Fund Contribution. 	cing	\$5.00 May Be Added to Fees	U00000111835 04/13/04-80036-021 150.00
10. INTEE NAME STREET ADDRESS CNY+ST-21P	OFFICERS AND DIRECT PD JOHNSON, H. A 9 SW 13 STREET FORT LAUDERDALE, FL 33315	OTORS			<u>-</u>
TITLE NAME STREET AODRESS CITY-ST ZIP					
TITLE NAME STREET ADDRESS CITY-ST ZIP					NOT WRITE
THRE MAME STREET ADDRESS CITY - ST - ZIP				IN.	THIS SPACE
NAME STREET ADDRESS CSTY-ST-ZIP					_
TITLE			ł		

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(3). Florida Statutes if 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Pluce #