FILED
Jun 07, 2004 8:00 am
Secretary of State
06-07-2004 90504 021 ****55.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000040845

1. Entity Name
INTEGRITY CAR RENTAL LLC

Principal Place of Business	Mailing Address
2223 PEMBROKE RD HOLLYWOOD, FL 33020 US	2223 PEMBROKE RD HOLLYWOOD, FL 33020 US

03252004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
730 N. State Road 7	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ~~Sunrise~~ Plantation, Florida	City & State: Same
Zip: 33317 Country: USA	Zip: Same Country: Same

4. FEI Number: 20-0328457 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HIRSCH AND COMPANY CPA'S INC 175 W CAMINO REAL BOCA RATON, FL 33432	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $60.00
Due by May 1, 2004

Make check payable to: Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WILLIAMS, MARK 5881 NW 18TH COURT SUNRISE, FL 33313	☐ Delete	Mark Williams MGRM 730 N. State Road 7 Plantation, Fl. 33317	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WILLIAMS, ELFREDA 5881 NW 18TH COURT SUNRISE, FL 33313	☐ Delete	Elfreda Williams MGRM 730 N. State Road 7 Plantation, Fl. 33317	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	MGRM Ken Daley 730 N. State Road 7 Plantation, Fl. 33317	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Mark Williams Mark Williams 5-24-04 954-316-7368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #