2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000039532

BUDGET AUTO ENTERPRISE, INC.



Principal Place of Business

Mailing Address

1985 PARK ROAD

PEMBROKE PARK, FL 33009

1985 PARK ROAD PEMBROKE PARK, FL 33009

FILED May 10, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For 65-1000346 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

05072007

Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

No Chg-P

	e named entity submits this statement for the litions of registered agent.	purpose of changing its register	ed office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable (NOTE: Registere	ad Agont signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaig Trust Fund Contri			_ 40.00 may 00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRE	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LEVY, ABRAHAM 3670 N 52 AVENUE HOLLYWOOD, FL 33021			U00000763408 05/30/07-80009-003 150.Φ0
TITLE NAME STREET ADDRESS CITY - ST - ZIP				
TITLE NAME STREET ADDRESS CITY-SI-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST-ZIP			in in	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME			1	

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:

STREET ADDRESS CITY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #