


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P00000088856</b>                                   |  |
| 1. Entity Name<br><b>NATIONAL AUTO SALES &amp; RENTALS CORP.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>112 NW14TH ST<br/>#4, #5<br/>POMPANO BEACH, FL 33060</b> | Mailing Address<br><b>12649 67TH ST N.<br/>WEST PALM BEACH, FL 33412</b> |
|--|--|



04012005 No Chg-P CR2E034 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-1040938</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

**DO NOT WRITE IN THIS SPACE**

**DO NOT WRITE  
IN THIS SPACE**

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br><b>DEL VECCHIO, CAROLYN M<br/>12649 67TH ST. N.<br/>WEST PALM BEACH, FL 33412</b> |
|--|

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 *Carolyn M. Vecchio* DATE 4/11/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>DEL VECCHIO, CAROLYN M<br>12649 67TH STREET NORTH<br>WEST PALM BEACH, FL 33412 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>ANTONACCIO, JOSEPH J<br>510 LOCUST ST.<br>MOUNT VERNON, NY 10552              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DEL VECCHIO, JOSEPH<br>12649 67TH STREET NORTH<br>WEST PALM BEACH, FL 33412     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

U00000301803  
04/13/05-80047-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 another like empowered.

SIGNATURE: *Carolyn M. Vecchio* DATE 4/11/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR