## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P0100002  1. Entity Name A LOW COST AUTO RENTAL, INC			04 AUG 12 PH 2: 02	
Principal Place of Business	Mailing Address		SECRETA SEE FLORIDA TALLAHASSEE FLORIDA	
1108 N STATE ROAD 7 HOLLYWOOD, FL 33021	1108 N STATE ROAD 7 HOLLYWOOD, FL 3302	1	TALLAHASSE	
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2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etd.	Suite, Apt. #, etc.		07262004 Chg-P CR2E034 (10/03)	
City & State	City & State		4. FEI Number Applied For 65-1081299 Not Applicable	
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Currer	t Registered Agent	Name . c	7. Name and Address of New Registered Agent	
GALIMIDI, ILEEN 1108 N STATE ROAD 7 HOLLYWOOD, FL 33021		N	(P.O. Box Number is Not Acceptable)	
		1105	3 N. State Road 7	
		City Hal	Ywood FL Zip Code 33001	
The above named entity submits this statement the obligations of registered agent.	for the purpose of changing its	registered office or regis	cred agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE AMUL	(o			
Signed-re, typed or printed name of registered age	··· T	: Registered Agent signature requ	ed when reinstating) DATE	į
Amended AR is \$61.25	9. Election Campai Trust Fund Contr		5.00 May Be ided to Fees	
	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ITLE D D Delete  AME NIKA, KORNEL		TITLE NAME	OTSO PChange Addition	
STREET ADDRESS 1108 N STATE ROAD 7 CITY-ST-ZIP HOLLYWOOD, FL 33021	_	STREET ADDRESS CITY-ST-ZIP	HOBNIState Road	
NAME GALIMIDI, ILEEN	Delete	TITLE NAME	☐ Change ☐ Addition	
STREET ADDRESS 1704 N 40TH AVE		STREET ADDRESS CITY-ST-ZIP		ĺ
TITLE HOLLYWOOD, FL 33021	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS	Land and the second of the sec	
CITY-ST-ZIP TITLE	☐ Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Addition	
NARIE STREET ADDRESS		NAME STREET ADDRESS	900040323499 08/19/0401034006 **61.25	
CITY-ST-ZIP	_	CITY-ST-ZIP		
NAME	☐ Delete	T(TLE NAME	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		: 1 
TITLE NAME	☐ Delete	TITLE NAME	. Change Addition	
I NAME I				
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS City-St-Zip		
STREET ADDRESS CITY-ST-ZIP  12   December certify that the information supplied w	ith this filing does not qualify for is true and that n	CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director	
STREET ADDRESS CITY-ST-ZIP  12   December certify that the information supplied w	is true and accurate and that me powered to execute this report	CITY-ST-ZIP  the exemption stated in ny signature shall have th as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if	