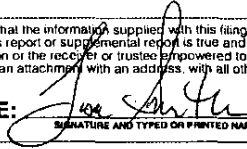


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90018 044 ***150.00

DOCUMENT # P01000058669			
1. Entity Name SIGN & DRIVE AUTO RENTALS, INC.			
Principal Place of Business 2310 COLLINS AVE MIAMI BEACH, FL 33139		Mailing Address PO BOX 558615 MIAMI, FL 33255	
2. Principal Place of Business 4005 NW 38th St.		3. Mailing Address PO BOX 558615	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Florida		City & State Miami FL	
Zip 33142	Country USA	Zip 33255	Country USA
4. FEI Number 65-1111061		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		07132004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent WETZMAN, JACK L 9190 SUNSET DR MIAMI, FL 33173		7. Name and Address of New Registered Agent 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 re-registering)			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete P SMITH, LISA 4005 NW 38 ST MIAMI, FL 33142	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 all other like empowered.			
SIGNATURE: 		Date: 7/13/04 Daytime Phone #: 305-871-5900	