

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000067099

1. Entity Name  
ATLAS AUTO RENTAL, INC.



FILED

06 MAY -2 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3030 MARCOS DR  
STE T-605  
AVENTURA, FL 33160

Mailing Address

3030 MARCOS DR  
STE T-605  
AVENTURA, FL 33160



05012006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

738 NE. 90ST  
Suite, Apt., etc.  
SUITE 207

3. Mailing Address

738 NE 90ST  
Suite, Apt., etc.  
SUITE 207

City & State

MIAMI SHORES, FL

City & State

MIAMI SHORES, FL

Zip

33138

Country

US

Zip

33138

Country

US

4. FEI Number  
65-1131043

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PASSARIELLO, VICENTE  
550 11 ST. SUITE 101  
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name VICENTE PASSARIELLO

Street Address (P.O. Box Number is Not Acceptable)  
738 NE. 90ST SUITE 207

MIAMI SHORES

City

FL

Zip Code  
33138

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME PASSARIELLO, VICENTE  
STREET ADDRESS 3030 MARCOS DRIVE SUITE T-605  
CITY-ST-ZIP AVENTURA, FL 33139

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME VICENTE PASSARIELLO  
STREET ADDRESS 738 NE. 90ST SUITE 207  
CITY-ST-ZIP MIAMI SHORES, FL 33138

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05.01.06 (305)8710525

Date

Daytime Phone #