


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90718 006 ***150.00

DOCUMENT # P01000120911			
1. Entity Name VENICE AUTO RENTALS, INC.			
Principal Place of Business 410 COLONIA LN NOKOMIS, FL 34275		Mailing Address PO BOX 1470 VENICE, FL 34285-1470	
2. Principal Place of Business 1811 ENGLEWOOD RD Suite, Apt. #, etc. #283 City & State ENGLEWOOD FL Zip 34223 Country USA		3. Mailing Address 1811 ENGLEWOOD RD Suite, Apt. #, etc. #283 City & State ENGLEWOOD FL Zip 34223 Country USA	
4. FEI Number 02-0564490		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FIDUCIA, PAUL 410 COLONIA LN NOKOMIS, FL 34275		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FIDUCIA, PAUL 410 COLONIA LN NOKOMIS, FL 34275 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1811 ENGLEWOOD RD #283 ENGLEWOOD, FL 34223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Paul Fiducia</u>		Date <u>4/29/04</u> Daytime Phone # <u>486-1215</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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