2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** May 02, 2008 08:00 AN Secretary of State **DOCUMENT # P03000094499** ANGEL'S RENT A CAR, INC. Principal Place of Business Mailing Address 1000 NW 42 AVENUE 1000 NW 42 AVENUE MIAMI, FL 33126 MIAMI, FL 33126 04252008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4263298 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VAZQUEZ, JOSE VP DO NOT WRITE 1000 NW 42 AVENUE MIAMI, FL 33126 IN THIS SPACE 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. DATE Signalure, typied or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DVP THLE NAME VAZQUEZ, JOSÉ 4000 W FLAGLER STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33134 Р 000000944570 05/29/08-80103-025 150.00 PRIETO, GERMAN L P STREET ADDRESS 4000 W FLAGLER ST CITY-ST-ZiP MIAMI, FL 33134 TITLE STRLET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereoy 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 eport 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 accurate empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR