
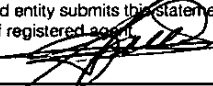
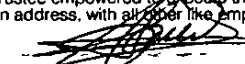


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90001 036 ***150.00

DOCUMENT # P04000047281					
1. Entity Name PRO CAR RENTALS, INC.					
Principal Place of Business 2311 SW 58 TERRACE HOLLYWOOD, FL 33023 US			Mailing Address 2311 SW 58 TERRACE HOLLYWOOD, FL 33023 US		
2. Principal Place of Business 2322 SW 58 TERRACE		3. Mailing Address 2322 SW 58 TERRACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL		4. FEI Number 20-0871486	
Zip 33023	Country USA	Zip 33023	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMBERT, LEEZ M 2719 DE SOTO DRIVE MIRAMAR, FL 33023			7. Name and Address of New Registered Agent Name ALBERTO NAVARRO Street Address (P.O. Box Number is Not Acceptable) 11291 SW 55 Street City Cooper City FL Zip Code 33330		
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 		Alberto Navarro - VP/T		DATE 01-04-05	
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, 2005 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	P NAVARRO, ADRIAN A 8530 SW 50 ST. #206 PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP / T 4701 Grapevine Way Davie, FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NAVARRO, ALBERTO 11291 SW 55 ST. COOPER CITY, FL 33331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP / T 4701 Grapevine Way Davie, FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAMBERT, LEEZ M 2719 DE SOTO DRIVE MIRAMAR, FL 33023	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP / T 4701 Grapevine Way Davie, FL 33331	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # _____		

50000350



01042005 Chg-P CR2E034 (10/03)