

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # P06000014897

1. Entity Name
AUTO RENTAL EXPRESS, INC.



Principal Place of Business
4021 66TH ST N
ST PETERSBURG, FL 33709

Mailing Address
4021 66TH ST N
ST PETERSBURG, FL 33709



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4230970	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

TENAGLIA, LOUIS
4021 66TH ST N
ST PETERSBURG, FL 33709

**DO NOT WRITE
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.

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TENAGLIA, THEODORE
STREET ADDRESS	7981 9TH AVE S
CITY-ST-ZIP	ST PETERSBURG, FL 33707

TITLE	VP
NAME	TENAGLIA, LOUIS
STREET ADDRESS	4021 66TH ST N
CITY-ST-ZIP	ST PETERSBURG, FL 33709

TITLE	SEC
NAME	MONBARREN, MARY J
STREET ADDRESS	2881 MCKEELAKE DR.
CITY-ST-ZIP	ST PETERSBURG, FL 33709

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/08-80032-006-150.00

**DO NOT WRITE
IN THIS SPACE**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-08 727-381-7000
Date Daytime Phone #