
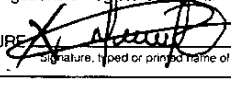
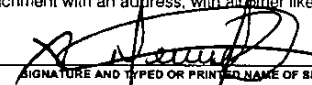


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90058 048 \*\*\*150.00

<b>DOCUMENT # P07000027466</b> 1. Entity Name <b>ENTERPRISE RENTAL &amp; LEASING, INC.</b>			
Principal Place of Business <del>13950 LANDSTAR BLVD</del> <del>ORLANDO, FL 32824</del>		Mailing Address <del>13950 LANDSTAR BLVD</del> <del>ORLANDO, FL 32824</del>	
2. Principal Place of Business - No P.O. Box # <b>14719 BRUNSWOOD WAY</b> Suite, Apt. #, etc.		3. Mailing Address <b>14719 BRUNSWOOD WAY</b> Suite, Apt. #, etc.	
City & State <b>ORLANDO, FLORIDA</b> Zip <b>32824</b>		City & State <b>ORLANDO, FLORIDA</b> Zip <b>32824</b>	
4. FEI Number <b>20-8569268</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BASTIDAS, MARITZA</b> <b>13950 LANDSTAR BLVD</b> <b>ORLANDO, FL 32824</b>		7. Name and Address of New Registered Agent Name <b>MANUEL Alejandro Rosales</b> Street Address (P.O. Box Number is Not Acceptable) <b>14719 BRUNSWOOD WAY</b> City <b>ORLANDO</b> FL Zip Code <b>32824</b>	
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 		DATE <b>3/5/08</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME BASTIDAS, MARITZA STREET ADDRESS 13950 LANDSTAR BLVD CITY-ST-ZIP ORLANDO, FL 32824	<input checked="" type="checkbox"/> Delete	TITLE P/D NAME MANUEL Alejandro Rosales STREET ADDRESS 14719 BRUNSWOOD WAY CITY-ST-ZIP ORLANDO, FL 32824	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME ROSALES-RAMOS, MELVIN STREET ADDRESS 13950 LANDSTAR BLVD CITY-ST-ZIP ORLANDO, FL 32824	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME ROSALES-RAMOS, MAREMELL STREET ADDRESS 13950 LANDSTAR BLVD CITY-ST-ZIP ORLANDO, FL 32824	<input type="checkbox"/> Delete	TITLE S NAME MARENEL Rosales-RAMOS STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME ROSALES-RAMOS, MAREBETH STREET ADDRESS 13950 LANDSTAR BLVD CITY-ST-ZIP ORLANDO, FL 32824	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BASTIDAS, MARITZA STREET ADDRESS 13950 LANDSTAR BLVD CITY-ST-ZIP ORLANDO, FL 32824	<input checked="" 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 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: 		DATE <b>3/5/08</b> 407-446-1942	