2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P92000007842

1. Entity Name
ECONOMY RENT A CAR OF MIAMI CORP.

Principal Place of Business	Mailing Address
8030 N.W. 166 ST MIAMI LAKES, FL 33016 US	8030 N.W. 166 ST MIAMI LAKES, FL 33016 US

04252005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RUIZ, EDUARDO
8030 N.W. 166 ST
MIAMI LAKES, FL 33016

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, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUIZ, EDUARDO
STREET ADDRESS	8030 NW 166TH ST
CITY-ST-ZIP	MIAMI, FL 33016
TITLE	SD
NAME	RUIZ, ILEANA
STREET ADDRESS	8030 NW 166TH ST
CITY-ST-ZIP	MIAMI, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000339147
04/28/05-80064-017 150.00

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: _Eduardo Ruiz_   EDUARDO RUIZ 4-25-05 305-557-0797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #