2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State
02-20-2006 90031 001 ***150.00

DOCUMENT # P93000085734

1. Entity Name
CITY CAR RENTAL, INC.

Principal Place of Business	Mailing Address
1116 S. DIXIE HWY OFFICE LANTANA, FL 33462 US	901 S FEDERAL HWY LAKE WORTH, FL 33460

01242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
		702 N. Lakeside Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Lake Worth, FL	
Zip	Country	Zip: 33460	Country

4. FEI Number: 65-0573648 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STJERNVALL, NILS R
901 S FEDERAL HWY
LAKE WORTH, FL 33460

7. Name and Address of New Registered Agent

Name: Stjernvall, Nils R
Street Address (P.O. Box Number is Not Acceptable): 702 N. Lakeside Drive
City: Lake Worth FL Zip Code: 33460

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D STJERNVALL, ROGER 901 S. FEDERAL HWY. LAKE WORTH, FL 33460	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stjernvall, Roger 702 N. Lakeside Dr Lake Worth, FL 33460	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIORT AF ORNAS PETER 2038 MARK DR LAKE WORTH, FL 33461	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 2/15-06 (561) 324-2496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #