

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005787

Entity Name: MOCERI LEASING INC.

FILED  
Jan 31, 2007  
Secretary of State

## Current Principal Place of Business:

5801 SOUNDVIEW DR.  
SUITE 205  
GIG HARBOR, WA 98335

## Current Mailing Address:

3110 JUDSON STREET, #163  
GIG HARBOR, WA 98335

## New Principal Place of Business:

400 SOUTH MERIDIAN  
#3E  
PUYALLUP, WA 98371

## New Mailing Address:

400 SOUTH MERIDIAN  
#3E  
PUYALLUP, WA 98371

FEI Number: 91-0778654

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MOCERI, STEPHEN P  
Address: 7305 SOUNDVIEW DR., STE 402  
City-St-Zip: GIG HARBOR, WA 98335

Title: VSD ( ) Delete  
Name: MOCERI, JOANE T  
Address: 7305 SOUNDVIEW DR., STE 402  
City-St-Zip: GIG HARBOR, WA 98335

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MOCERI, STEPHEN P  
Address: 400 SOUTH MERIDIAN  
City-St-Zip: PUYALLUP, WA 98371

Title: VSD (X) Change ( ) Addition  
Name: MOCERI, JOANE T  
Address: 400 SOUTH MERIDIAN  
City-St-Zip: PUYALLUP, WA 98371

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN P. MOCERI

PD

01/31/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date