


2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

09 MAY -4 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G38295 1. Entity Name LEASING COMPANY OF AMERICA, INC.	
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Principal Place of Business 21050 PT PL 1401 MIAMI, FL 33180	Mailing Address 2246 S. W. 24TH TERR. MIAMI, FL 33145 US
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DO NOT WRITE IN THIS SPACE



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2580903	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GREENFIELD, ALBERT D
 2246 S.W. 24 TERRACE
 MIAMI, FL 33145

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	E.W., ANDICH
STREET ADDRESS	21050 PT PL STE 1401
CITY - ST - ZIP	AVENTURA, FL 33180
TITLE	VPD
NAME	GREENFIELD, ALBERT D
STREET ADDRESS	2246 S.W. 24 TERRACE
CITY - ST - ZIP	MIAMI, FL 331453828
TITLE	VD
NAME	PARKER, JOANNA
STREET ADDRESS	2246 SW 24TH TERR
CITY - ST - ZIP	MIAMI, FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE

400155532134
05/06/09--01021--027 **600.00

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 807, 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: E.W. Andich per - 4/28/09 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #