

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90037 040 \*\*\*158.75

**DOCUMENT # K50545**

1. Entity Name  
**BETTER LEASING, INC.**



Principal Place of Business

13940 SW 136 ST  
100  
MIAMI, FL 33186

Mailing Address

13940 S.W. 136TH ST.  
SUITE 100  
MIAMI, FL 33186 US

**50004061**



01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0087737**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DUART, REGINA  
14471 SW 161ST STREET  
MIAMI, FL 33177

**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, 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 S  
NAME BENITEZ, SILVIA  
STREET ADDRESS 14920 SW 167TH STREET  
CITY-ST-ZIP MIAMI, FL 33187

TITLE TD  
NAME DUART, CARLOS  
STREET ADDRESS 14471 SW 161 STREET  
CITY-ST-ZIP MIAMI, FL 33177

TITLE PC  
NAME DUART, REGINA  
STREET ADDRESS 14471 SW 161 STREET  
CITY-ST-ZIP MIAMI, FL 33177

TITLE VD  
NAME BENITEZ, VICTOR A.  
STREET ADDRESS 14920 SW 167TH CT  
CITY-ST-ZIP MIAMI, FL 33187

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/05  
Date

(605) 235-5098  
Daytime Phone #