

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

# FILED

2008 JUN -9 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # K50545</b> 1. Entity Name <b>BETTER LEASING, INC.</b>	
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Principal Place of Business <b>13940 SW 136 ST 100 MIAMI, FL 33186</b>	Mailing Address <b>13940 S.W. 136TH ST. SUITE 100 MIAMI, FL 33186 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip	City & State  Zip	4. FEI Number <b>65-0087737</b>	Applied For <input type="checkbox"/> Not Applicable
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05092008 Chg-P CR2E034 (12/06)

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

<b>6. Name and Address of Current Registered Agent</b>  <b>DUART, REGINA 14471 SW 161ST STREET MIAMI, FL 33177</b>	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	TD DUART, CARLOS A <input type="checkbox"/> Delete	TITLE	500131199015 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/11/08--01034--009 **\$61.25
STREET ADDRESS	14491 SW 161 ST	NAME	
CITY-ST-ZIP	MIAMI, FL 33177	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUART, REGINA	NAME	
STREET ADDRESS	14491 SW 161 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33177	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENITEZ, VICTOR A.	NAME	
STREET ADDRESS	14920 SW 167TH CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33187	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENITEZ, SILVIA	NAME	
STREET ADDRESS	14920 SW 16TH CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33187	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>DIRECTOR VICTOR M. BENITEZ</b>
STREET ADDRESS		STREET ADDRESS	<b>12191 SW 92 AVE</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>MIAMI, FL 33170</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 another like empowered.

**SIGNATURE:** **5-13-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #