


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000010370
 1. Entity Name
SCANDINAVIAN LEASING CORP.



Principal Place of Business
**3620 N.E. 5TH AVENUE
 OAKLAND PARK, FL 33334**

Mailing Address
**3620 N.E. 5TH AVENUE
 OAKLAND PARK, FL 33334**

DO NOT WRITE IN THIS SPACE

FILED
Mar 25, 2008 08:00 AM
Secretary of State



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2315735	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, JOHN F
 6630 NE 20TH WAY
 FORT LAUDERDALE, FL 33308**

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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)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CERVONE, PATRICK
STREET ADDRESS	3620 NE 5TH AVE
CITY - ST - ZIP	FORT LAUDERDALE, FL 33334
TITLE	D
NAME	CERUONE, BODIL
STREET ADDRESS	3620 N.E. 5TH AVENUE
CITY - ST - ZIP	OAKLAND PARK, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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U00000870166
 04/09/08-80079-009 150.00

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 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:  **PATRICK CERVONE** **3-20-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #