

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # 387736

1. Entity Name
BENZ LEASING, INC.



Principal Place of Business

**612 SE 5 AVENUE
STE 1
FORT LAUDERDALE, FL 33301**

Mailing Address

**612 SE 5 AVENUE
STE 1
FORT LAUDERDALE, FL 33301**



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1361266

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EVANS, JAMES D.
263 S BEACH RD
HOBE SOUND, FL 33455**

**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.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME EVANS, JAMES D.
STREET ADDRESS 263 S BEACH RD
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE VPD
NAME EVANS, MARILYN A.
STREET ADDRESS 263 S BEACH RD
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE TD
NAME EVANS, JAMES D JR
STREET ADDRESS 500 CORAL WAY
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

TITLE SD
NAME MOORE, HARRIETTE
STREET ADDRESS 10163 153RD CT N
CITY-ST-ZIP JUPITER, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000784045
01/16/08-80041-001 158.75

**DO NOT WRITE
IN THIS SPACE**

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 any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. Moore
H. MOORE

1/14/08
1/14/08

Date

Daytime Phone #

954-522-7770
954-522-7770