2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 387736

Entity Name: BENZ LEASING, INC.

FILED Jan 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

612 SE 5 AVENUE 1700 PARK LANE SOUTH

STE 1 SUITE # 3 FORT LAUDERDALE, FL 33301 SUITE #, 3 JUPITER, FL 33458

Current Mailing Address: New Mailing Address:

612 SE 5 AVENUE 1700 PARK LANE SOUTH

STE 1 SUITE # 3 FORT LAUDERDALE, FL 33301 SUITE # 3 JUPITER, FL 33458

FEI Number: 59-1361266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EVANS, JAMES D.

263 S BEACH RD

HOBE SOUND, FL. 33455 US

EVANS, JAMES D

1700 PARK LANE SOUTH

SUITE # 3

HOBE SOUND, FL 33455 US SUITE #3
JUPITER, FL 33458 US

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.

SIGNATURE: JAMES D EVANS 01/29/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

10163 153RD CT N

JUPITER, FL

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: EVANS, JAMES D., Name: EVANS, JAMES D.,

Name: EVANS, JAMES D., Name: EVANS, JAMES D.,
Address: 263 S BEACH RD Address: 1700 PARK LANE SOUTH SUITE # 3

City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: JUPITER, FL 33458

Title: VPD () Delete Title: VPD (X) Change () Addition

Name: EVANS, MARILYN A., Name: EVANS, MARILYN A.,

Address: 263 S BEACH RD Address: 1700 PARK LANE SOUTH SUITE # 3

City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: JUPITER, FL 33458

Title: TD () Delete Title: SD (X) Change () Addition Name: EVANS, JAMES D JR Name: MOORE, HARRIETTE

Address: 500 CORAL WAY Address: 1700 PARK LANE SOUTH SUITE #3

City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: JUPITER, FL 33458

Title: SD (X) Delete Title: () Change () Addition Name: MOORE, HARRIETTE Name:

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRIETTE MOORE SD 01/29/2009