2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AN
Secretary of State

1. Entity Nam	MENT # 612888 RE LEASING CORP.				S	Secretar	y of Sta
Principal Plac 11920 SW 2 DAVIE, FL 3	2 CT.	ailing Address 11920 SW 22 CT DAVIE, FL 33325					
	A NOT MOITE II	CE	01042007	No Chg-P	CR2E034 (11/	05)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Number 59-190		_	Applied For Not Applicable
				5. Certificate	of Status Desired	□ \$8.75 Fee Rec	Additional juired
6. Name and Address of Current Registered Agent					e de la companya de l	Same and the street	
SCHMIDT,MARK L. 11920 SW 22 CT DAVIE, FL 33325			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the tions of registered agent.	ourpose of changing its registe	red office or regis	tered agent, or bot	h, in the State of Flori	da. I am familiar v	with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	i applicable. (NOTE: Register	ed Agent signature requ	ked when reinstating)		DATE	· _
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		5.00 May Be dded to Fees			
10.	OFFICERS AND DIRE	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMIDT,MARK L 11920 SW 22 CT DAVIE, FL 33325						
TITLE NAME STREET ADDRESS CITY-ST-BP	ST SCHMIDT, CELIA P 11920 SW 22 CT DAVIE, FL 33325			·	01/16/07	\$85337 80009-004	150.00
TITLE							

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:

STREET AUDRESS

CITY-ST-ZP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/06

DO NOT WRITE

IN THIS SPACE

954-472-6451