

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006583

FILED
Apr 19, 2004
Secretary of State

Entity Name: B & G LEASING, INC.

Current Principal Place of Business:

2900 WESTCHESTER AVE
SUITE 201
WESTCHESTER, NY 10577

New Principal Place of Business:

Current Mailing Address:

2900 WESTCHESTER AVE
SUITE 201
WESTCHESTER, NY 10577

New Mailing Address:

FEI Number: 13-4099818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FANELLI, ROBERT C
Address: 150 FOREST AVE
City-St-Zip: NEW ROCHELLE, NY 10804

Title: DST () Delete
Name: FANELLI, MARY G
Address: 150 FOREST AVE
City-St-Zip: NEW ROCHELLE, NY 10804

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: FANELLI, BRIAN D
Address: 8 DAVID TERRACE
City-St-Zip: WHITE PLAINS, NY 10603

Title: VP () Change (X) Addition
Name: NELSON, LAURA G
Address: 40 ELK. AVE.
City-St-Zip: NEW ROCHELLE, NY 10804

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT C. FANELLI

DP

04/19/2004

Electronic Signature of Signing Officer or Director

_____ Date