2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005
Secretary of State

DOCUMENT# F02000000392

Entity Name: CAPITAL LEASE, INC.

Current Principal Place of Business:

800 BRICKELL AVENUE
SUITE 550
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

800 BRICKELL AVENUE
SUITE 550
MIAMI, FL 33137

New Mailing Address:

FEI Number: 95-4638617 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: C ( ) Delete
Name: KARAN, IAN K
Address: HARVESTENUNDER WEG 18
City-St-Zip: 20148 HAMBURG, GERMANY,

Title: D ( ) Delete
Name: WINNIE, SIU
Address: HARVESTENUNDER WEG 18
City-St-Zip: 20148 HAMBURG, GERMANY,

Title: T ( ) Delete
Name: MOELLER, CHRISTOPHER
Address: HARVESTENUNDER WEG 18
City-St-Zip: 20148 HAMBURG, GERMANY,

Title: S ( ) Delete
Name: PAIVA, CLAUDIO
Address: 800 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: CLAUDIO PAIVA S 02/07/2005

Electronic Signature of Signing Officer or Director — Date