

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001796

FILED
Jul 05, 2006
Secretary of State

Entity Name: HARBORAGE LEASING CORP.

Current Principal Place of Business:

CPA-585 STEWART AVE. #409
ATTN: LENNY BLUM, CPA
GARDEN CITY, NY 11530

New Principal Place of Business:

2384 ORCHARD CREST BLVD
MANASQUAN, NJ 08736

Current Mailing Address:

CPA-585 STEWART AVE. #409
ATTN: LENNY BLUM, CPA
GARDEN CITY, NY 11530

New Mailing Address:

2384 ORCHARD CREST BLVD
MANASQUAN, NJ 08736

FEI Number: 02-0472771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, DIANA C
1001 S. ANDREWS AVENUE
STE 100
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

ROSS, DIANA C
2860 STATE RD 84
STE 103
FORT LAUDERDALE, FL 33312 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:

07/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TERASKIEWICZ, EDWARD
Address: CPA-585 STEWART AVE. #409
City-St-Zip: GARDEN CITY, NY 11530

Title: DV () Delete
Name: TERASKIEWICZ, MARIE
Address: CPA-585 STEWART AVE. #409
City-St-Zip: GARDEN CITY, NY 11530

Title: DV () Delete
Name: FERRARO, LISA
Address: CPA-585 STEWART AVE. #409
City-St-Zip: GARDEN CITY, NY 11530

Title: ST (X) Delete
Name: BLUM, LENNY
Address: CPA-585 STEWART AVE. #409
City-St-Zip: GARDEN CITY, NY 11530

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: TERASKIEWICZ, EDWARD
Address: C/O 2384 ORCHARD CREST BLVD
City-St-Zip: MANASQUAN, NJ 08736

Title: DV (X) Change () Addition
Name: TERASKIEWICZ, MARIE ELENA
Address: 2384 ORCHARD CREST BLVD
City-St-Zip: MANASQUAN, NJ 08736

Title: DV (X) Change () Addition
Name: FERRARO, LISA
Address: 2430 ORCHARD CREST BLVD
City-St-Zip: MANASQUAN, NJ 08736

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 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: MARIE ELENA TERASKIEWICZ

DV

07/05/2006

Electronic Signature of Signing Officer or Director

Date