2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # F05000007445

CONSOLIDATED LEASING & TERMINALS, INC.



Principal Place of Business

18301 VON KARMAN AVENUE, SUITE 700 IRVINE, CA 92612-0119

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FILED Feb 20, 2006 08:00 AM **Secretary of State**



02062006

No Chg-P

CR2E034 (11/05)

4. FEI Number 94-2493735

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BUTLER, DANIELLE J

DO NOT WOITE

HILL, BETTS & NASH LLP 601 BRICKELL KEY DRIVE, SUITE 500 MIAMI, FL 33131			IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	Lurpose of changing its registered	1 office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and site	f applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campaign Financ Trust Fund Contribution, 	oing 🔲	\$5.00 May Be Added to Fees	
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND DIRECT CP LIU, JOHN K 88 PINE STREET 9TH FLOOR NEW YORK, NY 10005 DST CHAN, Y.C. 18301 VON KARMAN AVENUE, SUIT IRVINE, CA 92612	,			Unnono448534 03/U2/06-80043-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HONG KONG, D SLIGHTON, AUDREY			DO	NOT WRITE
THE NAME SIREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	

12. Thereby certify that the information supplied with this lifting 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 callt; 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: __

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

(CCHAN