
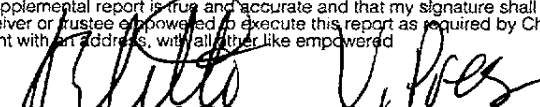


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 08:00 AM
Secretary of State

| | | | | | |
|--|--|---------------------------------|--|--|--|
| DOCUMENT # F97000002620 1. Entity Name CIRCLE E LEASEWAYS, CORP. | | | |  | |
| Principal Place of Business 445 NORTHERN BLVD GREAT NECK NY 11021 | | | Mailing Address 445 NORTHERN BLVD GREAT NECK NY 11021 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 11-2232736 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ELETTO, JOHN J 2100 S OCEANLANE APT 1212 FORT LAUDERDALE FL 33316 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | PD ELETTO, JOHN J 17 Lighthouse Road SANDS POINT NY 11050 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | V ELETTO, ROBERT A 1583 LAUREL HOLLOW RD LAUREL HOLLOW NY 11791 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | STD SELLARS, LINDA R 35 BIRCH LANE MANHASSET NY 11030 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | D ELETTO, JOSEPH M 10 PINETREE LANE FLOWER HILL NY 11030 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | <input type="checkbox"/> Delete | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 | | | U000000053895 02/16/04-80150-006 150.00 | | |
| SIGNATURE:  | | | Date 2/13/04 Daytime Phone # (516) 487-3950 | | |