


FILED
Mar 23, 2006 08:00
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F98000006484		
1. Entity Name TOUAX CONTAINER LEASE RECEIVABLES CORPORATION		
Principal Place of Business % GOLD CONTAINER CORPORATION 2137 JACKSONVILLE ST. FT. MYERS, FL 33931		Mailing Address % GOLD CONTAINER CORPORATION 2137 JACKSONVILLE ST. FT. MYERS, FL 33931
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		03102006 No Chg-P CR2E034 (11/05)
		4. FEI Number 22-3588607
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.		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when renewing)</small>		DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALEWSKI, ALEXANDRE 2137 JACKSONVILLE ST. FORT MYERS, FL 33916	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALEWSKI, FABRICE 2137 JACKSONVILLE ST. FORT MYERS, FL 33916	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CURLEY, STEPHEN C 237 PARK AVE. FORT MYERS, FL 33916	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing 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 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.		DO NOT WRITE IN THIS SPACE
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 03/10/06 (786) 777-0711 <small>Daytime Phone #</small>