


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 24, 2007 8:00 am
Secretary of State

08-24-2007 90024 018 ***550.00

DOCUMENT # F99000004723	
1. Entity Name COMMERCIAL TRAILER LEASING, INC.	

Principal Place of Business 1207 TONNELLE AVE. NORTH BERGEN, NJ 07047-1518	Mailing Address 1207 TONNELLE AVE. NORTH BERGEN, NJ 07047
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DO NOT WRITE IN THIS SPACE



07022007 No Chg-P CR2E034 (11/05)

4. FEI Number 22-1773730	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EISEN, STEPHEN 1207 TONNELLE AVE. NORTH BERGEN, NJ 07047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOTTSEGEN, GREGG 1207 TONNELLE AVE. NORTH BERGEN, NJ 07047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISEN, DAVID 1207 TONNELLE AVE. NORTH BERGEN, NJ 07047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____ Date 8/24/07 Daytime Phone # (201) 272-1370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR