


FILED

Mar 25, 2005 08:01

Secretary of State

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F99000004974	
1. Entity Name TOUAX EQUIPMENT LEASING CORPORATION	

Principal Place of Business % GOLD CONTAINER CORP. 2137 JACKSONVILLE STREET FT. MYERS, FL 33931	Mailing Address % GOLD CONTAINER CORP. 2137 JACKSONVILLE STREET FT. MYERS, FL 33931
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03082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0408866	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATEFILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALEWSKI, ALEXANDRE 5 RUE BELLINE PUTEAUX-LA-DEFENSE, FRANCE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALEWSKI, FABRICE 5 RUE BELLINE PUTEAUX-LA-DEFENSE, FRANCE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALEWSKI, RAPHAEL 5 RUE BELLINE PUTEAUX-LA-DEFENSE, FRANCE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IMPERIALE, MICHAEL A 5 RUE BELLINE PUTEAUX-LA-DEFENSE, FRANCE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAJT, MIROSLAV 237 PARK AVENUE NEW YORK, NY 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/25/05-80041-022 158.75DO NOT WRITE
IN THIS SPACE

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Fabrice WALEWSKI 03/08/05 (786) 777-0711