


FILED
Mar 23, 2006 08:00
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F99000004974 1. Entity Name TOUAX EQUIPMENT LEASING CORPORATION	
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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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03102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0408866	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" 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
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**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 \$150.00
After May 1, 2006 Fee will be \$550.00**

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

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

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04/07/06-80006-004 158.75

**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: Fabrice WALEWSKI 03/10/06 (786) 777-0711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR