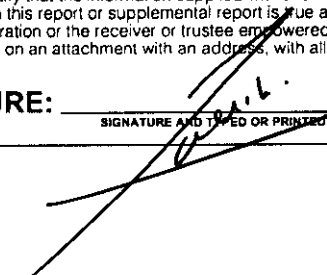


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0408866	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALEWSKI, ALEXANDRE		NAME		
STREET ADDRESS	5 RUE BELLINE		STREET ADDRESS		
CITY-ST-ZIP	PUTEAUX-LA-DEFENSE, FRANCE,		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALEWSKI, FABRICE		NAME		
STREET ADDRESS	5 RUE BELLINE		STREET ADDRESS		
CITY-ST-ZIP	PUTEAUX-LA-DEFENSE, FRANCE,		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALEWSKI, RAPHAEL		NAME		
STREET ADDRESS	5 RUE BELLINE		STREET ADDRESS		
CITY-ST-ZIP	PUTEAUX-LA-DEFENSE, FRANCE,		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IMPERIALE, MICHAEL A		NAME		
STREET ADDRESS	5 RUE BELLINE		STREET ADDRESS		
CITY-ST-ZIP	PUTEAUX-LA-DEFENSE, FRANCE,		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAJT, MIROSLAV		NAME		
STREET ADDRESS	237 PARK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10017		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
SIGNATURE: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Fabrice WALEWSKI		
			Date 03/15/07 Daytime Phone # (786) 777-0711		