

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004974

FILED
Apr 24, 2008
Secretary of State

Entity Name: TOUAX EQUIPMENT LEASING CORPORATION

Current Principal Place of Business:

% GOLD CONTAINER CORP.
2137 JACKSONVILLE STREET
FT. MYERS, FL 33931

New Principal Place of Business:

Current Mailing Address:

% GOLD CONTAINER CORP.
2137 JACKSONVILLE STREET
FT. MYERS, FL 33931

New Mailing Address:

FEI Number: 51-0408866 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALEWSKI, ALEXANDRE
Address: 5 RUE BELLINE
City-St-Zip: PUTEAUX-LA-DEFENSE, FRANCE,

Title: VD () Delete
Name: WALEWSKI, FABRICE
Address: 5 RUE BELLINE
City-St-Zip: PUTEAUX-LA-DEFENSE, FRANCE,

Title: D () Delete
Name: WALEWSKI, RAPHAEL
Address: 5 RUE BELLINE
City-St-Zip: PUTEAUX-LA-DEFENSE, FRANCE,

Title: D () Delete
Name: IMPERIALE, MICHAEL A
Address: 5 RUE BELLINE
City-St-Zip: PUTEAUX-LA-DEFENSE, FRANCE,

Title: D () Delete
Name: FAJT, MIROSLAV
Address: 237 PARK AVENUE
City-St-Zip: NEW YORK, NY 10017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ODILE SORIA

MRS

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date