2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # G43410 1. Entity Name HI-TECH LEASING, INC.				Secretary of State
Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	•
3040 E COMMERCIAL BLVD P.O. BOX 198 POMPANO BEACH FL 33061		3040 E COMMERCIAL BLVD P.O. BOX 198 POMPANO BEACH FL 33061		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt #, etc		MOORE - CR2E034 (11/03)
City & State		City & State		4. FEI Number 59-2302948 Applied For Not Applied be
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
L d A ?	OTINI DONINI DIA		Name	
MARTINI, RONALD A. 3040 E COMMERCIAL BLVD			Street Addre	ess (P.O. Box Number is Not Acceptable)
FT. LAUDERDALE FL 33308			A. de la constante de la const	
			City	FL Zip Code
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department o	of State		9. Election Campalgn Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY -ST-ZIP	STD AQUINO, DIANE 3040 E COMMERCIAL BLVD FT. LAUDERDALE FL	☐ Defete	TITLE NAME STREET ADDRESS CHY+ST-ZIP	☐ Change ☐ Addition U00000041898 02/10/04-80001-817 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINI, RONALD A. 3040 E COMMERCIAL BLVD FT. LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ACCRESS CITY-ST-ZIP	VD BECKER, NORMAN 3040 E COMMERCIAL BLVD FT. LAUDERDALE FL	☐ Detele	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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: .

2/5/04 954-491-0704

FILED

Feb 09, 2004 08:00 AM