


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90033 022 \*\*\*158.75

<b>DOCUMENT # G43410</b> 1. Entity Name HI-TECH LEASING, INC.	
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Principal Place of Business 3040 E COMMERCIAL BLVD P.O. BOX 198 POMPAÑO BEACH, FL 33061	Mailing Address 3040 E COMMERCIAL BLVD P.O. BOX 198 POMPAÑO BEACH, FL 33061
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40001612



01102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2302948	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  MARTINI, RONALD A. 3040 E COMMERCIAL BLVD FT. LAUDERDALE, FL 33308
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD AQUINO, DIANE 3040 E COMMERCIAL BLVD FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARTINI, RONALD A. 3040 E COMMERCIAL BLVD FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BECKER, NORMAN 3040 E COMMERCIAL BLVD FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: DIANE AQUINO  
Diane Aquino, Sec.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 1/13/05 Daytime Phone # 954-491-0704