


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

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

Mailing Address  
**3040 E COMMERCIAL BLVD  
P.O. BOX 198  
POMPANO BEACH, FL 33061**



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2302948</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MARTINI, RONALD A.  
3040 E COMMERCIAL BLVD  
FT. LAUDERDALE, FL 33308**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	STD
NAME	AQUINO, DIANE
STREET ADDRESS	3040 E COMMERCIAL BLVD
CITY-ST-ZIP	FT. LAUDERDALE, FL

TITLE	PD
NAME	MARTINI, RONALD A.
STREET ADDRESS	3040 E COMMERCIAL BLVD
CITY-ST-ZIP	FT. LAUDERDALE, FL

TITLE	VD
NAME	BECKER, NORMAN
STREET ADDRESS	3040 E COMMERCIAL BLVD
CITY-ST-ZIP	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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01/19/07-80002-001 158.75

**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:** Diane Aquino, Sec.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-07

Date

954-491-  
0704

Daytime Phone #