2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J17359

1. Entity Name

WHAM LEASING CORP.



FILED Mar 03, 2008 08:00 A Secretary of State

Principal Place of Business

1305 PATERSON PARK ROAD NO. BERGEN, NJ 07047 Mailing Address

1305 PATERSON PARK ROAD NO. BERGEN, NJ 07047



DO NOT WRITE IN THIS SPACE

02212008 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3348672 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, ROBERT B. 691 NORTH COUNTY ROAD PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the p tions of registered agent.	urpose of changing its registe	ered office or registered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE.		ALOYS D. MI		0.37
	Signature, typed or printed name of registered agent and title i	tapplicable [NOTE: Registe	red Agent signature required when reinstating)	DATE
	.E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution		, i
10.	OFFICERS AND DIREC	TORS	A CONTRACTOR OF THE PARTY OF TH	以外的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, ROBERT 1305 PATERSON PLANK RD. NORTH BERGEN, NJ.,			1 1000 000845936 03718708-80004-001-150-00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OBERG, CATHERINE M 1305 PATERGON PLANK RD. NORTH BEGEN, NJ			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUDDY, ALAN 1305 PATERGON PLANK RD. NORTH BERGEN, NJ		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		J. 2. 10.	IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				

.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 chapted or on an attachment with proceedings.

SIGNATURE:

NAME. STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

2/26/08 (201) 939-5050