

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # J23236

1. Entity Name
SCARLET BEGONIA LEASING, INC.



Principal Place of Business
**1220 NE 27TH TERRACE
POMPAÑO BEACH, FL 33062 US**

Mailing Address
**1220 NE 27TH TERRACE
POMPAÑO BEACH, FL 33062 US**



03072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2686228	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

**KHANI, J
1220 NE 27TH TERRACE
POMPAÑO BEACH, FL 33062**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KHANI, HOWARD S 1220 NE 27TH TERRACE POMPAÑO BEACH, FL 33062
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KHANI, JONI B 1220 NE 27TH TERRACE POMPAÑO BEACH, FL 33062
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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100000276086
03/25/05-60025-019 150.00

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/05
Date

954.784.9993
Daytime Phone #