
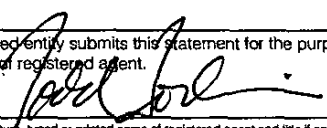
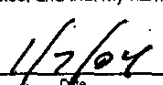


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90050 045 ***150.00

DOCUMENT # J65667 1. Entity Name THE COMPETITIVE EDGE LEASING CORPORATION																													
Principal Place of Business 20800 N.W. 2ND AVENUE US HIGHWAY 441 MIAMI, FL 33169 US			Mailing Address PO BOX 69-9024 MIAMI, FL 33269-9024 US																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number 65-0128953																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent FODIMAN, TODD A ESQ 1200 BRICKELL AVE STE 1720 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name FODIMAN, TODD A. ESQ. Street Address (P.O. Box Number is Not Acceptable) 1111 BRICKELL AVENUE, SUITE 2150 City MIAMI FL Zip Code 33131																										
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:  DATE: 1/7/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">PD</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ZINN, WARREN H.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>20800 N.W. 2ND AVENUE (US HWY. 441</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	ZINN, WARREN H.		STREET ADDRESS	20800 N.W. 2ND AVENUE (US HWY. 441		CITY-ST-ZIP	MIAMI, FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">SECRETARY/TREASURER</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ZINN, DAVID</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>20800 N.W. 2ND AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33169</td> <td></td> </tr> </table>			TITLE	SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	ZINN, DAVID		STREET ADDRESS	20800 N.W. 2ND AVENUE		CITY-ST-ZIP	MIAMI, FL 33169	
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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: DAVID H. BRAND, ASST. SECY/C.F.O  305-690-6060 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													