

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90056 050 ***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**

50012876



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0128953

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FODIMAN, TODD A ESQ
1111 BRICKELL AVENUE STE 2150
MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 PD ☐ Delete
NAME ZINN, WARREN H.
STREET ADDRESS 20800 N.W. 2ND AVENUE (US HWY. 441
CITY-ST-ZIP MIAMI, FL

TITLE ~~ST~~ ☒ Delete
NAME ~~ZINN, DAVID~~
STREET ADDRESS ~~20800 N.W. 2ND AVENUE~~
CITY-ST-ZIP ~~MIAMI, FL 33169~~

TITLE AS ☐ Delete
NAME BRAND, DAVID H.
STREET ADDRESS 20800 N.W. 2ND AVENUE (US HWY. 441
CITY-ST-ZIP MIAMI, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

I 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, C.F.O./ASSIST. SECY

1/6/2005 305-590-6060

Date

Daytime Phone #