

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


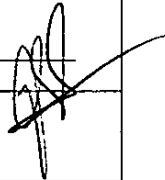
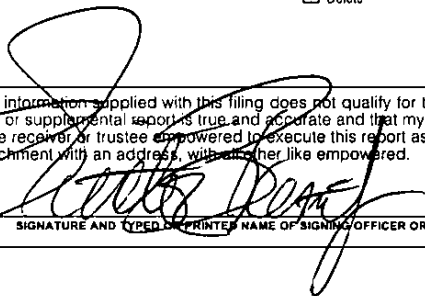
FILED

2008 JUN -9 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05092008 Chg-P CR2E034 (12/06)

DOCUMENT # K50545					
1. Entity Name BETTER LEASING, INC.					
Principal Place of Business 13940 SW 136 ST 100 MIAMI, FL 33186			Mailing Address 13940 S.W. 136TH ST. SUITE 100 MIAMI, FL 33186 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0087737	
				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 DUART, REGINA 14471 SW 161ST STREET MIAMI, FL 33177			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUART, CARLOS A 14491 SW 161 ST MIAMI, FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500131199415 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/11/08--01034--009 **\$1.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUART, REGINA 14491 SW 161 ST MIAMI, FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENITEZ, VICTOR A. 14920 SW 167TH CT MIAMI, FL 33187 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENITEZ, SILVIA 14920 SW 16TH CT MIAMI, FL 33187 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR VICTOR M. BENITEZ 12191 SW 92 AVE MIAMI, FL 33170 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 another like empowered.					
SIGNATURE: 		5-13-08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	