2006 FOR PROFIT CORPORATION

FILED 31, 2006 08:00 AN ecretary of State

Applied For Not Applicable

ANN	Jan 31, 2006 08:00				
DOCUMENT # M257 1. Entity Name P & N LEASING CORP.	10			eretary of S	
Principal Place of Business	Mailing Address				
1535 N.W. 79 AVE. MIAMI, FL 33126	1535 N.W. 79 AVE. MIAMI, FL 33126				
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			01262006 No Chg-P	CR2E034 (11/05)	
DO NOT W	KIIE IN I HIS SP	AUE	4. FEI Number 59-2624804	J	plied Fo
			5. Certificate of Status Desired	\$8.75 Add Fee Required	
6. Name and Address of	f Current Registered Agent		A STATE OF THE STA	and the second of the second o	A STATE OF S

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ANDRADE, PABLO 1535 NW 79TH AVE			DO NOT WRITE			
- MIAMI, FL	. 33126			ĪN.	THIS SPACE	
				The same of the sa	The second secon	
8. The above the obligate SIGNATURE.	tions of registered agent.			registered agent, or be	oth, in the State of Florida. I am familiar with, and accept	
	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registered Age	nt signatu	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME	P ANDRADE, PABLO	•		mention of the second	A STAN A	
STREET ADDRESS CITY-ST-ZIP	1535 NW 79TH AVENUE MIAMI, FL				United the state of the state o	
TITLE NAME					U00000403073 -02/0 <u>8/06-80083-</u> 013 150.00	
STREET ADDRESS CITY-ST-ZIP						
TITLE NAME			,	THE THE PERSON OF THE PERSON O		
STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
NAME					THIS SPACE	
STREET ADDRESS CITY+ST-ZIP				(1) 建 等((1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	And the second s	
TITLE NAME STREET ADDRESS			P.,	Francisco de la constantina della constantina de		
CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						
CITY-ST-ZIP				M. Age	The second of th	
12. I hereby of indicated of the cor	certify that the information supplied with this fi i on this report or supplemental report is true a poration or the receiver or trustee empowered or on an affachment with an address, with all	ling does not qualify for the exempt and accurate and that my signature of the execute this report as required by the removement.	lons co shall ha by Chap	ntained in Chapter 11 we the same legal effe oter 607, Florida Statut	9. Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if	