2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M31680

1. Entity Name

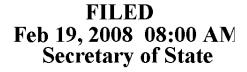
B.C. LEASING, CORPORATION OF MIAMI



Principal Place of Business

C/O WILLIAM J. COE 1300 INT'L SPEEDWAY BLVD. DELAND, FL 32724 Mailing Address

C/O WILLIAM J. COE 1300 INT'L SPEEDWAY BLVD. DELAND, FL 32724





01312008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2850995

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COE, WILLIAM J. 1300 INTL SPEEDWAY BLVD. DELAND, FL 32724

DO NOT WRITE

Date

Daytime Phone #

The state of the s							
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.							
GOLUTURE .							
SIGNATURE Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
		9. Election Campaign Fina		#E 00			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS	Sagara La	il Albaicht in	490354534653	ASTALLINE.	744435F
NAME STREET ADDRESS CITY-ST-ZIP	PDS COE, WILLIAM J. 1300 INTL SPEEDWAY BLVD. DELAND, FL				ÜÒ00008	2261 / L	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COE, WILLIAM J. 1300 INTL SPEEDWAY BLVD: DELAND, FL	. 100 -			r! 1000008 02/27/08-8 03/27/08-8)052-ÖÖ2:41	50 : 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WR	ITE :	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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 all other like empowered.							

REAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR