2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mal

## Mar 20, 2006 08:00 AM DOCUMENT # M98785 **Secretary of State** 1. Entity Name ROSENTHAL LEASING, INC. Principal Place of Business Mailing Address 3250 S DIXIE HWY 3250 S DIXIE HWY MIAMI FL 33133 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number 65-0077742 Not Applicat Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name ROSENTHAL, VLADIMIR 3250 S DIXIE HWY Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33133 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accounts 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) OATE FILE NOW!!! FEE IS \$150.00 \$5.00 May: After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11, ☐ Change ☐ Ad;:: MILE TITLE ☐ Delete ROSENTHAL, MIRA NAME NAME U00000474033 04/04/06-80007-023 1**50.00** STREET ADDRESS 3250 S DIXIE HWY STREET ADDRESS MIAMI FL 33133 CITY-ST-ZIP CITY-SI-ZIF ☐ Change $\square$ F☐ Defete TRUE THE NAME MARKE SMEET ADDRESS STREET ADDRESS CITY-ST-ZIP C11Y-ST-2)P ☐ èéc ☐ Change ☐ Delete 7171 8 NAME NAME STREET ADDRESS STREET ADDRESS CITY-SE-20 CITY-ST-ZIP ☐ Change Delete TABLE TITLE MAME MAME STREET ADDRESS STREET ADDRESS CCTY-SI-ZIP CHY-ST-ZIP Delete ☐ Change TITLE TRUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Art ☐ Defete ☐ Change TITLE HALE NAME MAM STREET ADDRESS STREET ADDRESS C177-S1-21P CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19, Florida Statutes. I further certify that the informatic 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 path, that I am an officer or direct 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

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