
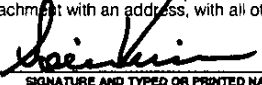


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90563 049 ***150.00

DOCUMENT # P00000064103 1. Entity Name AUTOMOTIVE FINANCE & LEASING INC.			
Principal Place of Business 2617 COVE CAY DR #502 CLEARWATER, FL 33760		Mailing Address 2617 COVE CAY DR #502 CLEARWATER, FL 33760	
2. Principal Place of Business 818 U.S. HIGHWAY 1. Suite, Apt. #, etc. # 4. C.		3. Mailing Address P.O. BOX 2676	
City & State NORTH PALM BEACH		City & State PALM BEACH FL.	
Zip FL 33408		Zip 33480	
Country PALM BEACH		Country PALM BEACH	
4. FEI Number 59-3659055		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VICOVEANU, SAVIN 800 COVE CAY DR. #4E CLEARWATER, FL 33760		7. Name and Address of New Registered Agent Name SAVIN VICOVEANU Street Address (P.O. Box Number is Not Acceptable) 818 U.S. HIGHWAY 1. # 4. C City NORTH PALM BEACH FL Zip 33408	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <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	PSTD VICOVEANU, SAVIN 800 COVE CAY DR. #4E CLEARWATER, FL 33760	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby 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: 		4/11/05 (561) 827-7000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	