FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91902 012 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074973

1. Entity Name
ALL IN ONE LEASING SYSTEMS INC.

Principal Place of Business
116 N HOMESTEAD BLVD
#16
HOMESTEAD, FL 33030

Mailing Address
P.O. BOX 924972
MIAMI, FL 33072-4972

2. Principal Place of Business: 116 N. HOMESTEAD BLVD
Suite, Apt. #, etc.: #116
City & State: HOMESTEAD, Fl.
Zip: 33030 Country: USA

3. Mailing Address: P.O. BOX 924972
Suite, Apt. #, etc.: BOX 924972
City & State: MIAMI, Fl. 33092
Zip: 330924972 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1031613 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HERNANDEZ, JOSE E
116 N HOMESTEAD BLVD #16
HOMESTEAD, FL 33030

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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	PSD HERNANDEZ, JOSE E 116 N HOMESTEAD BLVD #16 HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARIA MARQUEZ 116 N. HOMESTEAD BLVD. HOMESTEAD, Fl. 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] 4/28/03 305-278-0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #