

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077596

Entity Name: EQUIS AIRCRAFT LEASING, INC.

FILED
May 12, 2005
Secretary of State

Current Principal Place of Business:

560 LINCOLN RD.
SUITE 300
MIAMI BEACH, FL 33139

Current Mailing Address:

560 LINCOLN RD.
SUITE 300
MIAMI BEACH, FL 33139

New Principal Place of Business:

420 LINCOLN ROAD
SUITE 365
MIAMI BEACH, FL 33139

New Mailing Address:

420 LINCOLN ROAD
SUITE 365
MIAMI BEACH, FL 33139

FEI Number: 65-1046387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
103 N. MERIDIAN ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: CAUFF, STUART
Address: 560 LINCOLN RD., SUITE 300
City-St-Zip: MIAMI BEACH, FL 33139

Title: S () Delete
Name: CAUFF, ABBY
Address: 560 LINCOLN RD., SUITE 300
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: CAUFF, STUART
Address: 420 LINCOLN ROAD SUITE 365
City-St-Zip: MIAMI BEACH, FL 33139

Title: S (X) Change () Addition
Name: CAUFF, ABBY
Address: 420 LINCOLN ROAD SUITE 365
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABBY CAUFF

S

05/12/2005

Electronic Signature of Signing Officer or Director

Date