

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT



**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90183 007 \*\*\*150.00

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03312004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P0000082003</b>					
1. Entity Name <b>PINNACLE LEASING, INC.</b>					
Principal Place of Business <b>1750 WEST 45 STREET WEST PALM BEACH, FL 33407</b>			Mailing Address <b>2800 WESTON ROAD SUITE 201 WESTON, FL 33331</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-1040358</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SIEGEL, ANDREW 2800 WESTON ROAD SUITE 201 WESTON, FL 33331</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>BAILEY, JOHN</b>		NAME	<b>PAMELA PHILLIPS</b>	
STREET ADDRESS	<b>11550 SW 25TH STREET</b>		STREET ADDRESS	<b>1680 SW CROSSINGS CIRCLE</b>	
CITY-ST-ZIP	<b>DAVIE, FL 33325</b>		CITY-ST-ZIP	<b>PAUM CITY, FL 34990</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>TARIN KLEABIA</b>	
STREET ADDRESS			STREET ADDRESS	<b>1680 SW CROSSINGS CIRCLE</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>PAUM CITY, FL 34990</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			4-23-04 772-215-0811		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		