


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000008765 1. Entity Name C & J LEASE HOLDING, INC.	
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Principal Place of Business 3300 UNIVERSITY DR, STE 904 CORAL SPRINGS, FL 33065-4131	Mailing Address 3300 UNIVERSITY DR, STE 904 CORAL SPRINGS, FL 33065-4131
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02172005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1069843	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 JACOBSON, JOEL E 3300 UNIVERSITY DR, STE 904 CORAL SPRINGS, FL 33065-4131

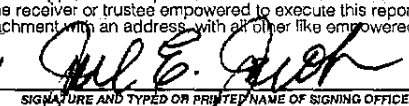
DO NOT WRITE IN THIS SPACE

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</small>
DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000260508 03/12/05-80028-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACOBSON, JOEL E 3300 UNIVERSITY DR, STE 904 CORAL SPRINGS, FL 330654131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOROWITZ, CRAIG 3300 UNIVERSITY DR, STE 904 CORAL SPRINGS, FL 330654131
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 13/10/05 Daytime Phone # 1954-346-3200