## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **DOCUMENT # P01000037145** 04 JUN 75 AM 9: 29 SUNSET AUTO LEASING INC. SECRETARY OF STATE TALLAHASSIE, FLORIDA Principal Place of Business Mailing Address 921 B N ANDREWS AVE 921 B N ANDREWS AVE FT LAUDERDALE, FL 33311 FT LAUDERDALE, FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #; etc. Suite, Apt. #, etc. 06102004 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For City & State 65-1119619 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIRE DON <u>AZARUU</u> SIMEONE, RONALD C Street Address (P.O. Box Number is Not Acceptable) 4400 BUCHANAN STREET HOLYWOOD, FL 33021 FT. LAUDERDALE 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. SPIRODON LAZAROU 6-14-04 9. Election Campaign Financing \$5,00 May.Be. Amended AR is \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRESIDENT - DIRECTOR TITLE TITLE X Change Delete SPIRODON LATAMOU 3020 NE 320 AUE. LAZAROU, SPIRODON NAME NAME 3020 NE 32ND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33308 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition SIMEONE, RONALD C NAME 4400 BUCHANAN STREET STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL 33021 CITY-ST-ZIP CITY-ST-7IP Delete 3000383561<del>呀</del>噢。 06/28/04--01064--019 \*\*61. TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete Change ☐ Addition TITLE TITLE 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 trystee 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 glaeylike empowered. 6.14.04 SIGNATURE

mended