

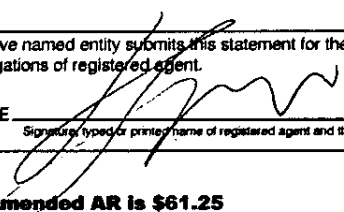
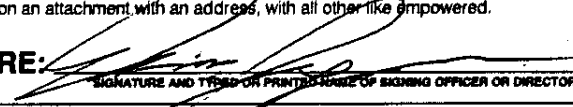


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000037145 1. Entity Name SUNSET AUTO LEASING INC.					
Principal Place of Business 921 B N ANDREWS AVE FT LAUDERDALE, FL 33311			Mailing Address 921 B N ANDREWS AVE FT LAUDERDALE, FL 33311		
2. Principal Place of Business 947 N. ANDREWS AVE Suite, Apt. #, etc.		3. Mailing Address 947 N. ANDREWS AVE Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">FILED</div> <div style="font-size: 18px;">04 OCT 12 AM 8:54</div> <div style="font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> 	
City & State FT LAUDERDALE, FL		City & State FT LAUDERDALE FL		4. FEI Number 65-1119619	
Zip 33311		Country BROWARD		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAZAROU, SPIRODON C 3020 NE 32ND AVENUE FT. LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name CHARALAMPOS LAZAROU Street Address (P.O. Box Number is Not Acceptable) 400 NE 1st Street Apt # 204 HALLANDALE FLORIDA City HALLANDALE FLORIDA FL Zip Code 33009	
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 		CHARALAMPOS LAZAROU <small>(NOTE: Registered Agent signature required when reinstating)</small>		10/6/2004 <small>DATE</small>	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D LAZAROU, SPIRODON 3020 NE 32ND AVE FT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT - DIRECTOR CHARALAMPOS LAZAROU 400 NE 1st street #204 HALLANDALE, FL 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200041817702 10/12/04--01044--002 **70.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 			10/6/2004 (954) 663-4522 <small>Date Daytime Phone #</small>		