

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000075342

Entity Name: JTD LEASING ENTERPRISES, INC.

FILED
Jan 16, 2008
Secretary of State

Current Principal Place of Business:

1670 WEST MCNAB ROAD
FT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

1670 WEST MCNAB ROAD
FT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-1120636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELBAUM, R EARL ESQ
901 PONCE DE LEON BLVD PENTHOUSE STE
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CS () Delete
Name: WALSH, JOSEPH J
Address: 2806 NE 37TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: PDS () Delete
Name: GOFFAR, DENNIS L
Address: 3507 OAKS WAY # 109
City-St-Zip: POMPANO BEACH, FL 33069

Title: VPDT () Delete
Name: WALSH, THOMAS F
Address: 731 NW 101 TERRACE
City-St-Zip: PLANTATION, FL 33324

Title: VPSD () Delete
Name: DOLLAR, DONALD G
Address: 2695 NE 15TH STREET
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DENNIS L. GOFFAR

PDS

01/16/2008

Electronic Signature of Signing Officer or Director

Date