

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2004 90166 046 ***150.00

DOCUMENT # P01000119918

1. Entity Name
AUTO TEMPT LEASING, INC.



Principal Place of Business
**13051 NW PORT SAID RD, #12
OPALOCKA, FL 33054**

Mailing Address
**13051 NW PORT SAID RD, #12
OPALOCKA, FL 33054**

94068810



2. Principal Place of Business

**9240 NW 7 AVE
Suite, Apt. #, etc.
#2**

3. Mailing Address

**9240 NW 7 AVE
Suite, Apt. #, etc.
#2**

04202004 Chg-P CR2E034 (10/03)

City & State
MIAMI, FL 33150

City & State
MIAMI, FL

4. FEI Number
01-0569357

Applied For
Not Applicable

Zip
33150

Country
DADE

Zip
33150

Country
DADE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AVILES, ALEX
13051 NW PORT SAID RD, #12
OPALOCKA, FL 33054**

7. Name and Address of New Registered Agent

Name
AVILES, ALEX

Street Address (P.O. Box Number is Not Acceptable)

9240 NW 7 AVE #2

City
MIAMI

FL

Zip Code
33150

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 **Alex Aviles**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/21/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
AVILES, ALEX
10351 NW PORT SAID RD #12
OPALOCKA, FL 33054** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
AVILES, ALEX
9240 NW 7 AVE #2
MIAMI, FL 33150** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 information empowered.

SIGNATURE: **Alex Aviles**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/04 3057576030

Date

Daytime Phone #