


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90065 038 \*\*\*150.00

<b>DOCUMENT # P02000051133</b>	
<b>1. Entity Name</b> BAY HARBOR LEASING CORP.	

<b>Principal Place of Business</b> 9925 EAST BAY HARBOR DRIVE BAY HARBOR ISLANDS FL 33154	<b>Mailing Address</b> 9925 EAST BAY HARBOR DRIVE BAY HARBOR ISLANDS FL 33154
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<b>2. Principal Place of Business</b> 1111 KANE CONCOURSE #301 Suite, Apt. #, etc. 301	<b>3. Mailing Address</b> SAME Suite, Apt. #, etc. SAME
<b>City &amp; State</b> Bay Harbor Islands FL 33154	<b>City &amp; State</b> SAME Zip SAME Country USA



1st MOORE CR2E034 (10/04)

<b>6. Name and Address of Current Registered Agent</b> TELESCO, THOMAS J 9925 EAST BAY HARBOR DR. BAY HARBOR ISLANDS FL 33154	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 1111 KANE CONCOURSE #301 Bay Harbor Isl FL Zip Code 33154
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<b>4. FEI Number</b> 02-0595754	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PSTD TELESCO, THOMAS J 9925 EAST BAY HARBOR DRIVE BAY HARBOR ISLANDS FL 33154 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	1111 KANE CONCOURSE #301 BAY HARBOR ISL FL 33154 <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> 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:** Thomas Telesco **1/31/05 (305) 866-1014**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #