2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000108454

1. Entity Name
TAYLOR LEASING, INC.

Principal Place of Business	Mailing Address
13027 SW 87 AVE	13027 SW 87 AVE
MIAMI, FL 33176	MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

01042007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
55-0304746		Not Applicable

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

6. Name and Address of Current Registered Agent

HICKEY, HAROLD V ESQ
1570 MADRUGA AVE STE 209
CORAL GABLES, FL 33146

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

U00000643025
02/07/07--00032--020--150.00

| **FILE NOW!!! FEE IS $150.00** | **9.** Election Campaign Financing | **$5.00** May Be |
| **After May 1, 2007 Fee will be $550.00** | Trust Fund Contribution. ☐ | Added to Fees |

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	BURGIN, JAMES R
STREET ADDRESS	13027 SW 87 AVE
CITY-ST-ZIP	MIAMI, FL 33176

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ JAMES B. BURGIN, PRES. 2/22/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #