


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90093 013 \*\*\*150.00

<b>DOCUMENT # P02000121901</b>	
1. Entity Name <b>BMV LEASING, INC.</b>	

Principal Place of Business <b>9990 S.W. 77 AVENUE, STE 330 MIAMI, FL 33156</b>	Mailing Address <b>9990 S.W. 77 AVENUE, STE 330 MIAMI, FL 33156</b>
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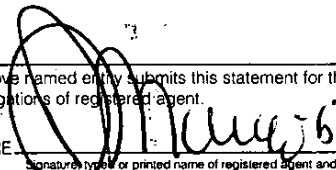
2. Principal Place of Business - No P.O. Box # <b>1533 Sunset Drive</b>	3. Mailing Address <b>1533 Sunset Drive</b>
Suite, Apt. #, etc. <b>Suite 225</b>	Suite, Apt. #, etc. <b>Suite 225</b>
City & State <b>Coral Gables, FL</b>	City & State <b>Coral Gables, FL</b>
Zip <b>33143</b>	Country <b>US</b>



04072008 Chg-P CR2E034 (12/06)

4. FEI Number <b>16-1667684</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MARGOLIS, JOHN A STE 330, 9990 SW 77TH AVE MIAMI, FL 33156</b>	
7. Name and Address of New Registered Agent Name <b>Jennifer A. Margolis, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1533 Sunset Drive, Ste. 225</b> City <b>Coral Gables</b> FL Zip Code <b>33143</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.

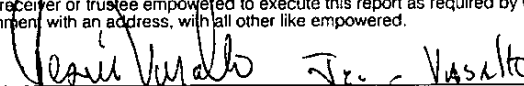
SIGNATURE  **Jennifer Margolis, attorney** DATE **4-22-08**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP VASALLO, JESUS 4049 BROADWAY APT 257 NEW YORK, NY 10032 <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	SD VASALLO, JUDITH 7814 S.W. 119 ROAD MIAMI, FL 33183 <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
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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 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:  **Jesús Vasallo Jr. - Vasallo** Date **4/15/08** Daytime Phone # **(305) 423-5187**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR