


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000050539 1. Entity Name NEW GENERATION LEASING CORP.	
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Principal Place of Business 5249 N. HIATUS ROAD SUNRISE, FL 33351	Mailing Address 5249 N. HIATUS ROAD SUITE 212 SUNRISE, FL 33351
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DO NOT WRITE IN THIS SPACE

03162007 No Chg-P CR2E034 (11/05)

4. FEI Number
05-0567841

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

ALAKRAM, RIAD
6310 NW 38TH DR
CORAL SPRINGS, FL 33067

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	D KHALIFE, BASSEM 5249 NORTH HIATUS RD SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZAIOUR, ISSA 300 PATIO VILLAGE TERR WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALAKKAM, RIAD 5249 NORTH HIATUS RD SUNRISE, FL 33351
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04/23/07-80059-024 150.00

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IN THIS SPACE**

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: _____ **4-10-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #