2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/9/2(

FILED
Sep 20, 2004 8:00 am
Secretary of State

08-09-2004 90011 035 ***150.00

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MOORE CR2E034 (4/04)

DOCUMENT # P03000076105

1. Entity Name
AUTOMOTIVE LEASE GROUP, INC.

Principal Place of Business	Mailing Address
401 W. LINTON BLVD. #203 DELRAY BEACH FL 33444	401 W. LINTON BLVD. #203 DELRAY BEACH FL 33444

2. Principal Place of Business	3. Mailing Address
1845 SW 4th Ave	1845 SW 4th Ave
Suite, Apt. #, etc.: #A11	Suite, Apt. #, etc.: #A11
City & State: Delray FL	City & State: Delray
Zip: 33444 Country: USA	Zip: 33444 Country: USA

4. FEI Number: 56 2438882 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VINCENT E. SCHINDELER, P.A. 633 S.E. 3RD AVENUE SUITE 4-R FORT LAUDERDALE FL 33301	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☑

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Peter Nelson 955 Evergreen Dr Delray FL 33444 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME 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 like empowered.

SIGNATURE: [signature] Peter Nelson 8/4/04 561-330-9855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #