


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

01-16-2008 90029 001 ***450.00

DOCUMENT # P03000077826 1. Entity Name EXECUTIVE AUTO LEASING OF SOUTH FLORIDA, INC.																																																																																																																													
Principal Place of Business 11296 NW 65TH MANOR PARKLAND, FL 33076			Mailing Address 11296 NW 65TH MANOR PARKLAND, FL 33076																																																																																																																										
2. Principal Place of Business - No P.O. Box # 			3. Mailing Address 																																																																																																																										
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 																																																																																																																										
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5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent SCHWARTZ, ANDREW WESQ. 1701 WEST HILLSBORO BLVD. SUITE 308 DEERFIELD BEACH, FL 33442				7. Name and Address of New Registered Agent Name BARBARA Hallman Street Address (P.O. Box Number is Not Acceptable) 11296 NW 65th Manor Parkland, FL City FL Zip Code 33076																																																																																																																									
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 Barbara Hallman 1/7/08 DATE <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
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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: Barbara Hallman 1/7/08 Date Daytime Phone #																																																																																																																													

66002416



01072008 Chg-P CR2E034 (12/06)

4. FEI Number
16-1676793

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

SCHWARTZ, ANDREW WESQ.
1701 WEST HILLSBORO BLVD.
SUITE 308
DEERFIELD BEACH, FL 33442

Name **BARBARA Hallman**
Street Address (P.O. Box Number is Not Acceptable)
11296 NW 65th Manor
Parkland, FL
City **FL** Zip Code **33076**

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 **Barbara Hallman** **1/7/08** DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

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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: **Barbara Hallman** **1/7/08** Date Daytime Phone #