

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000077826

FILED
Jan 05, 2009
Secretary of State

Entity Name: EXECUTIVE AUTO LEASING OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

11296 NW 65TH MANOR
PARKLAND, FL 33076

New Principal Place of Business:

Current Mailing Address:

11296 NW 65TH MANOR
PARKLAND, FL 33076

New Mailing Address:

FEI Number: 16-1676793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALLMAN, BARBARA
11296 NW 65TH MANN
PARKLAND, FL 33076 US

Name and Address of New Registered Agent:

HALLMAN, BARBARA
11296 NW 65TH MANOR
PARKLAND, FL 33076 US

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.

SIGNATURE: _____

01/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HALLMAN, CRAIG
Address: 11296 NW 65TH MANOR
City-St-Zip: PARKLAND, FL 33076

Title: S () Delete
Name: HALLMAN, BARBARA
Address: 11296 NW 65TH MANOR
City-St-Zip: PARKLAND, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA HALLMAN

SECY

01/05/2009

Electronic Signature of Signing Officer or Director

Date