

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90497 004 \*\*\*158.75

**DOCUMENT # P03000103525**

1. Entity Name  
**FIRST FLORIDA AUTO LEASING, INC.**



Principal Place of Business  
**4153 S.W. 47TH AVENUE  
131  
DAVIE, FL 33314**

Mailing Address  
**901 NE 16 CT  
FORT LAUDERDALE, FL 33305**

2. Principal Place of Business  
**744 N. Andrews Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**FORT LAUDERDALE FL**  
Zip  
**33311**  
Country  
**Broward**

City & State  
Zip  
Country

04292005 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-0246898**  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**SOLORZANO, FRANCISCO  
4153 S.W. 47TH AVENUE  
131  
DAVIE, FL 33314**

## 7. Name and Address of New Registered Agent

Name  
**FRANCISCO SOLORZANO**  
Street Address (P.O. Box Number is Not Acceptable)  
**4859 CONCORDIA LANE**  
City  
**Boynton Beach** FL Zip Code  
**33436**

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 *Francisco Solorzano* **FRANCISCO SOLORZANO** **4-29-05**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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  
**P GAMBONE, FRANK S** ☐ Delete  
**4153 S.W. 47TH AVENUE, SUITE 131**  
**DAVIE, FL 33314**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Pres. FRANK S. Gambone** ☒ Change ☐ Addition  
**901 NE 16 CT**  
**FORT LAUDERDALE FL 33305**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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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: *Frank Gambone* **Frank Gambone President** **4/29/05** **9546637283**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #