


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90040 009 \*\*\*150.00

|  |                          |   |   |   |  |       |      |                                 |      |                  |  |                |                        |  |                 |                          |  |       |    |                                 |      |                   |  |                |                        |  |                 |                          |  |
|--|--------------------------|---|---|---|--|-------|------|---------------------------------|------|------------------|--|----------------|------------------------|--|-----------------|--------------------------|--|-------|----|---------------------------------|------|-------------------|--|----------------|------------------------|--|-----------------|--------------------------|--|
| <b>DOCUMENT # P03000157338</b><br>1. Entity Name<br><b>FLORIDA LEASING EQUIPMENT, INC.</b>   |                          |   |   |    |  |       |      |                                 |      |                  |  |                |                        |  |                 |                          |  |       |    |                                 |      |                   |  |                |                        |  |                 |                          |  |
| Principal Place of Business<br><b>621 SOUTHWEST 71ST WAY<br/>PEMBROKE PINES, FL 33023</b>  |                          |   | Mailing Address<br><b>621 SOUTHWEST 71ST WAY<br/>PEMBROKE PINES, FL 33023</b> |   |  |       |      |                                 |      |                  |  |                |                        |  |                 |                          |  |       |    |                                 |      |                   |  |                |                        |  |                 |                          |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |                          | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |   |   |  |       |      |                                 |      |                  |  |                |                        |  |                 |                          |  |       |    |                                 |      |                   |  |                |                        |  |                 |                          |  |
| City & State   |                          | City & State  |   |   |  |       |      |                                 |      |                  |  |                |                        |  |                 |                          |  |       |    |                                 |      |                   |  |                |                        |  |                 |                          |  |
| Zip  | Country                  | Zip   | Country   |   |  |       |      |                                 |      |                  |  |                |                        |  |                 |                          |  |       |    |                                 |      |                   |  |                |                        |  |                 |                          |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SLEZAK, JUDITH A<br/>621 SOUTHWEST 71ST WAY<br/>PEMBROKE PINES, FL 33023</b>   |                          |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |       |      |                                 |      |                  |  |                |                        |  |                 |                          |  |       |    |                                 |      |                   |  |                |                        |  |                 |                          |  |
| 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.<br><br>SIGNATURE: <i>Judith A. Slezak</i> <span style="float: right;">4/17/04</span><br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                          |   |   |   |  |       |      |                                 |      |                  |  |                |                        |  |                 |                          |  |       |    |                                 |      |                   |  |                |                        |  |                 |                          |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>  |                          | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |       |      |                                 |      |                  |  |                |                        |  |                 |                          |  |       |    |                                 |      |                   |  |                |                        |  |                 |                          |  |
| <div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PSTD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SLEZAK, JUDITH A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>621 SOUTHWEST 71ST WAY</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PEMBROKE PINES, FL 33023</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">VD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SLEZAK, KENNETH A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>621 SOUTHWEST 71ST WAY</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PEMBROKE PINES, FL 33023</td> <td></td> </tr> </table> </div> </div> |                          |   |   |   |  | TITLE | PSTD | <input type="checkbox"/> Delete | NAME | SLEZAK, JUDITH A |  | STREET ADDRESS | 621 SOUTHWEST 71ST WAY |  | CITY - ST - ZIP | PEMBROKE PINES, FL 33023 |  | TITLE | VD | <input type="checkbox"/> Delete | NAME | SLEZAK, KENNETH A |  | STREET ADDRESS | 621 SOUTHWEST 71ST WAY |  | CITY - ST - ZIP | PEMBROKE PINES, FL 33023 |  |
| TITLE  | PSTD                     | <input type="checkbox"/> Delete   |   |   |  |       |      |                                 |      |                  |  |                |                        |  |                 |                          |  |       |    |                                 |      |                   |  |                |                        |  |                 |                          |  |
| NAME   | SLEZAK, JUDITH A         |   |   |   |  |       |      |                                 |      |                  |  |                |                        |  |                 |                          |  |       |    |                                 |      |                   |  |                |                        |  |                 |                          |  |
| STREET ADDRESS   | 621 SOUTHWEST 71ST WAY   |   |   |   |  |       |      |                                 |      |                  |  |                |                        |  |                 |                          |  |       |    |                                 |      |                   |  |                |                        |  |                 |                          |  |
| CITY - ST - ZIP  | PEMBROKE PINES, FL 33023 |   |   |   |  |       |      |                                 |      |                  |  |                |                        |  |                 |                          |  |       |    |                                 |      |                   |  |                |                        |  |                 |                          |  |
| TITLE  | VD                       | <input type="checkbox"/> Delete   |   |   |  |       |      |                                 |      |                  |  |                |                        |  |                 |                          |  |       |    |                                 |      |                   |  |                |                        |  |                 |                          |  |
| NAME   | SLEZAK, KENNETH A        |   |   |   |  |       |      |                                 |      |                  |  |                |                        |  |                 |                          |  |       |    |                                 |      |                   |  |                |                        |  |                 |                          |  |
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| STREET ADDRESS   |                          |   |   |   |  |       |      |                                 |      |                  |  |                |                        |  |                 |                          |  |       |    |                                 |      |                   |  |                |                        |  |                 |                          |  |
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| CITY - ST - ZIP  |                          |   |   |   |  |       |      |                                 |      |                  |  |                |                        |  |                 |                          |  |       |    |                                 |      |                   |  |                |                        |  |                 |                          |  |
| <b>12.</b> 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: <i>Judith A. Slezak</i> <span style="float: right;">4/17/04</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                          |   |   |   |  |       |      |                                 |      |                  |  |                |                        |  |                 |                          |  |       |    |                                 |      |                   |  |                |                        |  |                 |                          |  |
| <div style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Daytime Phone # 954-966-0974</span> </div>  |                          |   |   |   |  |       |      |                                 |      |                  |  |                |                        |  |                 |                          |  |       |    |                                 |      |                   |  |                |                        |  |                 |                          |  |