

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90025 041 \*\*\*150.00

40000160



01052005 Chg-P CR2E034 (10/03)

4. FEI Number **20-0907788** Applied For ☐ Not Applicable ☒

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

**DOCUMENT # P04000053831**  
1. Entity Name  
**GE INVESTMENT AND LEASING CORP.**



Principal Place of Business  
**542 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139**

Mailing Address  
**542 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139**

2. Principal Place of Business  
**544 WASHINGTON AVE**

3. Mailing Address  
**544 WASHINGTON AVE**

Suite, Apt. #, etc.

City & State  
**MIAMI BEACH, FL**

City & State  
**MIAMI BEACH, FL**

Zip  
**33139** Country  
**USA**

Zip  
**33139** Country  
**USA**

6. Name and Address of Current Registered Agent

**HARARI, ERIC  
542 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139**

7. Name and Address of New Registered Agent

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 **ERIC HARARI, PST** DATE **01/05/05**

(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, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST HARARI, ERIC 542 WASHINGTON AVENUE MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **ERIC HARARI** DATE **01/05/05** DAYTIME PHONE **(305) 643-3948**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR