## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## Feb 27, 2008 08:00 AN Secretary of State **DOCUMENT # P04000170087** 1. Entity Name BOCA EQUIPMENT LEASING, INC. Principal Place of Business Mailing Address 7121 MALLORCA CRESCENT 7121 MALLORCA CRESCENT BOCA RATON, FL 33433 US BOCA RATON, FL 33433 US 02022008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2165036 Not Applicab \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MINTZ, ESTHER DO NOT WRITE 7121 MALLORCA CRESCENT BOCA RATON, FL 33433 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rainstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. NAME MINTZ, ESTHER 7121 MALLORCA CRESCENT U00000840682 03/07/08-80002-001 150.00 STREET ADDRESS BOCA RATON, FL 33433 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE

CITY-ST-ZIP 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 i changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

**FILED**