


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

06-22-2006 90001 025 ***150.00
 07-31-2006 90009 041 ***150.00

DOCUMENT # P05000029553

1. Entity Name
A1 LEASING & RENTALS, INC.



Principal Place of Business
**1475 PALM AVE
 HIALEAH, FL 33010**

Mailing Address
**1475 PALM AVE
 HIALEAH, FL 33010**

2. Principal Place of Business
142 W 21ST ST
 Suite, Apt. #, etc.

3. Mailing Address
142 W 21ST ST
 Suite, Apt. #, etc.



07202006 Chg-P CR2E034 (11/05)

City & State
HIALEAH FL

City & State
HIALEAH FL

Zip
33010 Country
USA

Zip
33010 Country
USA

4. FEI Number
20-2656320

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GARCIA, MERCEDES
 1475 PALM AVE
 HIALEAH, FL 33010**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is NOT Acceptable)
142 W 21ST ST

City **HIALEAH** FL Zip Code **33010**

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **X Garcia** (NOTE: Registered Agent signature required when re-registering) DATE **7-24-06**

**FILE NOW!!! FEE IS \$150.00
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GARCIA, MERCEDES 1475 PALM AVE HIALEAH, FL 33010 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLIVERIA, ANTONIO 1475 PALM AVE HIALEAH, FL 33010 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 142 W 21ST ST HIALEAH FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: **X Garcia** (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE **7-24-06** DAYTIME PHONE #