

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90237 004 ***158.75

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04122007 Chg-P CR2E034 (12/06)

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|--|---|---|--|---|--|
| DOCUMENT # P06000053882 | | | |  | |
| 1. Entity Name DIPLOMAT AUTO LEASING INC. | | | | | |
| Principal Place of Business 4835 27 ST. W., STE. 120 BRADENTON, FL 34207 | | | Mailing Address 4835 27 ST. W., STE. 120 BRADENTON, FL 34207 | | |
| 2. Principal Place of Business - No P.O. Box # 5421-A 15th St E Suite, Apt. #, etc. | | | 3. Mailing Address 5421-A 15th St E Suite, Apt. #, etc. | | |
| City & State Bradenton, FL | | City & State Bradenton, FL | | 4. FEI Number 56-2575100 | |
| Zip 34203 | | Country manatee | | Country manatee | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent RESENDIZ, JORGE 125 1ST AVE. NOKOMIS, FL 34275 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | P RESENDIZ, JORGE 125 1ST AVE. NOKOMIS, FL 34275 | <input type="checkbox"/> Delete | | | |
| 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 | | | |
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| 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: _____ | | 4-12-07 | | 941-757-0280 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |