


# FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # <u>PO 0000016225</u>	
1. Entity Name <u>Avi Leasing, Inc</u>	

FILED

2007 MAY -2 PM 5:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

200102213622  
05/11/07--01030--018 \*\$150.00

CR2E034B (8/05)

2. Principal Place of Business <u>3855 Crawfordville Rd</u> Suite, Apt. #, etc.	3. Mailing Address <u>Same</u> Suite, Apt. #, etc.
City & State <u>DADE FL</u>	City & State <u>DADE FL</u>
Zip <u>33305</u>	Country <u>USA</u>

4. FEI Number <u>30-0405652</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name <u>Markus Dennis</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>3855 Crawfordville Rd</u>	
City <u>DADE</u>	Zip Code <u>33305</u>

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 X (NOTE: Registered Agent signature required when reinstating) DATE 5.2.07

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>RD Markus Dennis</u> <u>3855 Crawfordville Rd</u> <u>DADE FL 33305</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address with all other like empowered.

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 5.2.07 Daytime Phone # 671-2100