

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90036 004 \*\*\*150.00

DOCUMENT # P93000005436

1. Entity Name

NATIONAL LEASING CORP.



Principal Place of Business

7850 S.W. 64TH ST.  
MIAMI, FL 33166

10305 NW 41 street st 126  
Miami FL 33178

Mailing Address

7850 S.W. 64TH ST.  
MIAMI, FL 33166

10305 NW 41 street st 126  
Miami FL 33178



03032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0382311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CALDERON, STEVE  
7850 N.W. 64TH ST.  
MIAMI, FL 33166

10305 NW 41st street st 126  
Miami FL 33178

**DO NOT WRITE  
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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DE ROJAS, ALBERTO
STREET ADDRESS	7850 S.W. 64TH ST. 10305 NW 41 street, st 126
CITY-ST-ZIP	MIAMI, FL 33166 Miami FL 33178
TITLE	VP
NAME	CALDERON, STEVE
STREET ADDRESS	7850 N.W. 64TH ST. 10305 NW 41 street. st 126
CITY-ST-ZIP	MIAMI, FL 33166 Miami FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06

Date

305-888-2277

Daytime Phone #