

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90211 047 \*\*\*158.75

**DOCUMENT # P93000023869**

1. Entity Name  
**PARK LEASING, INC.**



Principal Place of Business  
**18679 SE FEDERAL HWY  
TEQUESTA, FL 33469 US**

Mailing Address  
**18679 SE FEDERAL HWY  
TEQUESTA, FL 33469 US**

00052000

2. Principal Place of Business  
**18745 SE Federal Hwy**

3. Mailing Address  
**18745 SE Federal Hwy**

Suite, Apt. #, etc.



03142006 Chg-P CR2E034 (11/05)

City & State  
**Tequesta FL**

City & State  
**Tequesta FL**

Zip  
**33469**

Country

4. FEI Number  
**65-0399271**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RUBENFELD, DAREN L**  
**18679 SE FEDERAL HWY**  
**TEQUESTA, FL 33469**

**18745 SE Federal Hwy**

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 \_\_\_\_\_

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                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PS<br>MILLER, ROBERT L<br>18679 SE FEDERAL HWY<br>TEQUESTA, FL <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>18745 SE Federal Hwy</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>AUSTIN, CHRISTOPHER<br>18679 SE FEDERAL HWY<br>TEQUESTA, FL <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>18745 SE Federal Hwy</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>RUBENFELD, DAREN<br>18679 SE FEDERAL HWY<br>TEQUESTA, FL 33469 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>18745 SE Federal Hwy</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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: **Daren Rubenfeld** **4/25/06** **561-743-0014**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #