2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000036571

Entity Name: LRM LEASING COMPANY, INC.

FILED Jan 06, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Julicut i illicipui i luce di Busiliess.	New i interput i luce of Business.

2101 N ANDREWS AVE

SUITE 101

WILTON MANORS, FL 33311 US

New Mailing Address:

FEI Number Not Applicable ()

2101 N ANDREWS AVE

Current Mailing Address:

SUITE 101

FEI Number: 65-0412356

WILTON MANORS, FL 33311 US 858 SOUTH ANDREWS AVE

858 SOUTH ANDREWS AVE.

POMPANO BEACH, FL 33069

POMPANO BEACH, FL 33069 US

Certificate of Status Desired ()

US

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BRAUSER, LEON 2101 N ANDREWS AVE

SUITE 101

WILTON MANORS, FL 33311 US

BRAUSER, LEON 858 SOUTH ANDREWS AVE. US POMPANO BEACH, FL 33069

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.

SIGNATURE: LEON BRAUSER

01/06/2005

Electronic Signature of Registered Agent

FEI Number Applied For ()

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete BRAUSER, LEON

Name: 2101 N ANDREWS AVE STE 101 Address: City-St-Zip: WILTON MANORS, FL 33311

Title: () Delete BRAUSER, ROBERT Name:

2101 N ANDREWS AVE STE 101 Address: WILTON MANORS, FL 33311 City-St-Zip:

Title: () Delete BRAUSER, JOEL Name:

2101 N ANDREWS AVE STE 101 Address: City-St-Zip: WILTON MANORS, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition Title:

BRAUSER, LEON Name: 858 SOUTH ANDREWS AVE. Address:

City-St-Zip: POMPANO BEACH, FL 33069

Title: VΡ (X) Change () Addition

BRAUSER, ROBERT Name: 858 SOUTH ANDREWS AVE. Address: POMPANO BEACH, FL 33069 City-St-Zip:

Title: (X) Change () Addition

Name: BRAUSER, JOEL

858 SOUTH ANDREWS AVE. Address: City-St-Zip: POMPANO BEACH, FL 33069

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON BRAUSER PD 01/06/2005