

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90001 038 ***150.00

DOCUMENT # P94000037216																																																																																																																													
1. Entity Name THE LEASING EXPERTS, INC.																																																																																																																													
Principal Place of Business 9000 SW 152 STREET STE 206 MIAMI, FL 33157 US			Mailing Address 9000 SW 152 STREET STE 206 MIAMI, FL 33157 US																																																																																																																										
2. Principal Place of Business 9000 SW 152 ST Suite, Apt. #, etc. SUITE 206			3. Mailing Address SAME																																																																																																																										
City & State MIAMI FL			City & State MIAMI FL																																																																																																																										
Zip 33157		Country U.S.A.		4. FEI Number 65-0507312																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent SALUJA, ARJUN 9000 SW 152 ST STE 206 MIAMI, FL 33176																																																																																																																													
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">Delete <input checked="" type="checkbox"/></td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9000 SW 152 ST SUITE 206</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33157</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>P</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> <td>TITLE</td> <td></td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>SALUJA, ARJUN</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9000 SW 152 ST STE 206</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33157</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">Delete <input type="checkbox"/></td> <td>TITLE</td> <td></td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">Delete <input type="checkbox"/></td> <td>TITLE</td> <td></td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">Delete <input type="checkbox"/></td> <td>TITLE</td> <td></td> <td style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	Delete <input checked="" type="checkbox"/>	TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS	9000 SW 152 ST SUITE 206		STREET ADDRESS			CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP			TITLE	P	Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	SALUJA, ARJUN		NAME			STREET ADDRESS	9000 SW 152 ST STE 206		STREET ADDRESS			CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP			TITLE		Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			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 Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																													
SIGNATURE: _____ 04/07/04 305-235-1222 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													



Attachment *54059763*

The Leasing Experts

Equipment Leasing & Financing

9000 SW 152ND STREET, SUITE 206 • MIAMI, FL 33157
305.235.1222 • 800.700.0657 • FAX: 888.777.5327

ARJUN SALUJA
ARJUN@LEASINGEXPERTS.COM



P94000037216

To: WHOM IT MAY CONCERN Fax: _____
From: ARJUN SALUJA Date: JUNE 30
Re: ANNUAL REPORT Pages: 2+CHECK
CC: _____

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Please find enclosed our annual report.

We had originally filed this report on April 06, 2004 along with a check (# 9224) in the amount of \$150.

However, upon receipt of your note regarding non-renewal, we noticed that this check was never cashed. Therefore, we assume that the check along with the annual report from is lost in the mail.

I would like to appeal to you that this should not be considered our fault and thus the penalty be waived. Our past 10 years history indicates that we have always filed this report well ahead of the deadline as it was done this year.

We have spoke with Tina at your office (850-245-6059) who was kind enough to understand the situation and asked that we send in a new report and check and that penalty shall be waived.

We appreciate your understanding in the matter.

Sincerely,

[Signature]
Arjun Saluja
President

