

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000084715**

1. Entity Name  
**SAM'S LEASING, INC.**



Principal Place of Business  
**50 S.W. 2ND AVE., SUITE 102  
BOCA RATON, FL 33432**

Mailing Address  
**50 S.W. 2ND AVE., SUITE 102  
BOCA RATON, FL 33432**



**DO NOT WRITE IN THIS SPACE**

03052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0551211**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**AVIROM, DEBORAH E  
50 S.W. 2ND AVE., SUITE 102  
BOCA RATON, FL 33432**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**000000086578  
03/12/04-80028-016 158.75**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
AVIROM, DEBORAH E  
50 S.W. 2ND AVE., SUITE 102  
BOCA RATON, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
AVIROM, MICHAEL D.  
50 SW 2ND AVE STE 102  
BOCA RATON, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Deborah E. Avirom **Deborah E. Avirom** **3/10/04** **(561) 392-2594**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #