2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000012819

1. Entity Name
DON L. LEASING GROUP DB, INC.

Principal Place of Business	Mailing Address
3250 N.W. 23RD AVENUE SUITE O - 100 POMPANO BEACH, FL 33069	3250 N.W. 23RD AVENUE SUITE O - 100 POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE

03132006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0556360
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, STEPHEN
3250 NW 23 AVENUE
SUITE O-100
POMPANO BEACH, FL 33069

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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

000000542304
05/10/06-80109-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COHEN, STEPHEN
STREET ADDRESS	3250 N.W. 23RD AVENUE, SUITE O - 100
CITY-ST-ZIP	POMPANO BEACH, FL 330695903
TITLE	VP
NAME	LLOYD, MAXWELL
STREET ADDRESS	3250 NW 23 AVENUE SUITE O-100
CITY-ST-ZIP	POMPANO BEACH, FL 330695903
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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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 Date Daytime Phone #