

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 DEC 10 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000070605 1. Entity Name MIAMI EQUIPMENT LEASING CORP.		
Principal Place of Business 3600 NW 59TH STREET MIAMI, FL 33142		Mailing Address 3600 NW 59 STREET MIAMI, FL 33142
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State Zip Country		City & State Zip Country
4. FEI Number 65-0620181		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LEAL, RICHARD 9485 SW 70TH ST MIAMI, FL 33173		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 <i>[Signature]</i> DATE 12/8/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD NAME LEAL, MICHELLE <input checked="" type="checkbox"/> Delete STREET ADDRESS 9485 SW 70 ST CITY-ST-ZIP MIAMI, FL 33173	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <i>PD</i> STREET ADDRESS <i>3600 NW 59 ST</i> CITY-ST-ZIP <i>MIAMI, FL 33142</i>	
TITLE VP NAME LEAL, RICHARD <input type="checkbox"/> Delete STREET ADDRESS 9485 SW 70 ST CITY-ST-ZIP MIAMI, FL 33173	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 600138884786 STREET ADDRESS 12/10/08--01041--002 **\$61.25 CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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 empowerment.		
SIGNATURE <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 12/8/08 (305) 635-3109 <small>Date Telephone #</small>

