FILED
Apr 21, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000019452

1. Entity Name
SOUTHEAST JET LEASING, INC.

Principal Place of Business	Mailing Address
2601 S.W. 14TH COURT DEERFIELD BEACH, FL 33442	2601 S.W. 14TH COURT DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE

04082005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0733884
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ST. JOHN, GREGORY
2601 S. BAYSHORE DRIVE
SUITE 1600
MIAMI, FL 33133

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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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BAUR, THOMAS E
STREET ADDRESS	2601 SW 14TH CT
CITY-ST-ZIP	DEERFIELD BCH, FL 33442
TITLE	VP
NAME	CHASE, C G
STREET ADDRESS	8491 NW 17TH ST #101
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	S
NAME	ADORNO, HENRY
STREET ADDRESS	2601 S BAYSHORE DR #1600
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	T
NAME	JOHNS, STEVEN L
STREET ADDRESS	8941 NW 17TH ST #101
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/21/05-80070-022 150.00

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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: _____ APR 0 8 2005 (954) 772-2078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #