
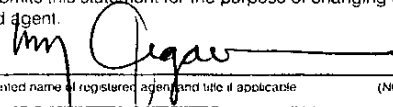
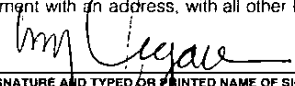


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90231 005 \*\*\*150.00

<b>DOCUMENT # P97000040548</b>					
1. Entity Name <b>SAFeway EQUIPMENT LEASING, INC.</b>					
Principal Place of Business <b>2500 E HALLANDALE BEACH BLVD, PH I HALLANDALE FL</b>			Mailing Address <b>2500 E HALLANDALE BEACH BLVD, PH I HALLANDALE FL</b>		
2. Principal Place of Business <b>1851 NW 125 AVE</b>		3. Mailing Address			
Suite, Apt. #, etc. <b>Suite 300</b>		Suite, Apt. #, etc.			
City & State <b>Pembroke Pines FL</b>		City & State		4. FEI Number <b>65-0755784</b>	
Zip <b>33028</b>	Country <b>USA</b>	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SEGALL, E.M. 2500 E HALLANDALE BEACH BLVD, PH I HALLANDALE FL</b>			7. Name and Address of New Registered Agent Name <b>Segall E.M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1851 NW 125 AVE</b> <b>Suite 300</b> City <b>Pembroke Pine</b> <b>FL</b> Zip Code <b>33028</b>		
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 <b>4/24/06</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEGALL, E.M. 2500 E HALLANDALE BEACH BLVD, PH I HALLANDALE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SEGALL, SANDY 2500 EAST HALLANDALE BEACH BLVD. HALLANDALE FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			Date <b>4/24/06</b> Daytime Phone # <b>954-447-7775</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					