2005 FOR PROFIT CORPORATION -**ANNUAL REPORT**

Apr 04, 2005 08:00 AM Secretary of State DOCUMENT # P97000042757 1. Entity Name L.H. FLEET FINANCE, INC. Principal Place of Business Mailing Address 450 NE 52ND TERRACE 450 NE 52ND TERRACE MIAMI, FL 33137 MIAMI, FL 33137 02022005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0829927 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LINCOLN, TIMOTHY C DO NOT WRITE 450 NE 52ND TERRACE MIAMI, FL 33137 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME LINCOLN, TIMOTHY C 450 NE 52ND TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137 TITLE U00000288132 04/04/05-80095-015 158.75 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP

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: I MONTH C. LINCOL TIMOTHY C.

TITLE NAME STREET ADDRESS CITY - ST - ZIP

Timothy C. Lincoln

3/1/05

(305) 755-9295

FILED

Daytime Phone #