

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000003403

1. Entity Name
RCF LEASING, INC.



Principal Place of Business
**957 SW 71 AVENUE
NORTH LAUDERDALE, FL 33068**

Mailing Address
**957 SW 71 AVENUE
NORTH LAUDERDALE, FL 33068**

[Handwritten Signature]

FILED
06 SEP 25 PM 1:30
SEC. OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

08252006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
65-0815682

Applied For
 Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WITTENMYER, H.K.
975 SW 71 AVE.
NORTH LAUDERDALE, FL 33068**

Name **Brookins, Brian**
Street Address (P.O. Box Number is Not Acceptable)
2460 NW 108 Dr.

City **Coral Springs** FL Zip Code **33065**

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

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
NAME **WITTENMYER, HK**
STREET ADDRESS **11195 NW 15TH STREET**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE **SD** Change Addition
NAME **Michael Rizzuti**
STREET ADDRESS **4420 NE 28 Ave.**
CITY-ST-ZIP **Lighthouse Point, FL 33064**

TITLE VD Delete
NAME **BROOKINS, BRIAN**
STREET ADDRESS **2460 NW 108 DR.**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE PD Change Addition
NAME **Brian Brookins**
STREET ADDRESS **2460 NW 108 Dr.**
CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE VTD Delete
NAME **SITTON, ROBERT**
STREET ADDRESS **105 NW TERRACE**
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

TITLE VD Change Addition
NAME **Orlando Pagan**
STREET ADDRESS **12114 NW 27 Dr.**
CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE SD Delete
NAME **KING, NANCY**
STREET ADDRESS **10310 NW 42 DR**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE VD Change Addition
NAME **Joseph Venci**
STREET ADDRESS **2401 NW 107 Ave.**
CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600080153686
09/25/05--01068--013 #61.25

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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 empowered.

SIGNATURE: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/06 954-720-8737
Date Daytime Phone #