2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 03, 2008 8:00 am Secretary of State

1. Entity Name RCF LEASING, INC.						03-03-2008 9	0205 044	***150.(00
Principal Plac	e of Business	Mailing Address		./					
957 SW 71 A NORTH LAUD	AVENUE Derdale, Fl 33068	957 SW 71 AVENUE North Lauderdale, i	FL 330	68					
Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112008	Chg-P	CR2E034	4 (12/06)		
City & State		City & State		4. FEI Numbe 65-081				plied For t Applicable	
Zip Country		Zip	Zip Country		5. Certificate	of Status Desired		8.75 Add	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New F	Registered Ag	ent	
BROOKIN	S RRIAN			Name					
BROOKINS, BRIAN				Street Address (P.O. Box Number is Not Acceptable)					
CONTRO	141100,12 50000								
				City			FL	Zip Code	•
	named entity submits this statement tions of registered agent.	for the purpose of changing its	register	ed office or re	egistered agent, or bot	h, in the State of FI	orida. I am fa	miliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered ager	of and title if applicable ANOT	E: Conistors	od Acent signature	required when reinstating)		DATE		. <u>.</u>
<u></u>	Signature, typed or printed name of registered ager	t and the r applicable. (1401)	c. register	no vičenit zičinatnih i	indonen wisci i enistani.d)		UNIE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campa Trust Fund Cont			\$5.00 May Be Added to Fees				
After Ma	ay 1, 2008 Fee will be \$550 OFFICERS ANI	.00 Trust Fund Cont	ribution.		Added to Fees	CHANGES TO OFF			
After Ma	ay 1, 2008 Fee will be \$550 OFFICERS ANI	.00 Trust Fund Cont	11.	E	Added to Fees	CHANGES TO OFF		DIRECTORS	S IN 11
After Ma	ay 1, 2008 Fee will be \$550 OFFICERS ANI	.00 Trust Fund Cont	11.	E	Added to Fees	CHANGES TO OFF			
After M: 10. TITLE NAME	OFFICERS AND PD BROOKINS, BRIAN	.00 Trust Fund Cont	11.	E AE EET ADDRESS Y-ST-ZIP	Added to Fees ADDITIONS/	CHANGES TO OFF			
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I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Horida 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 office 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:

954-720-8737