## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DUMAIN, SANFORD P

NEW YORK, NY 10119

ONE PENN PLAZA

VD

## **FILED** Mar 20, 2006 8:00 am Secretary of State

☐ Change

Addition

DOCUMENT # P98000018210  1. Entity Name MWB&S FLORIDA LEASING CORP.						03-20-2006 9	0006 00	01 ***150.	.00
Principal Place of Business Mailing Address					$\neg$	$\mathcal{J}$			
	CENTER CIR	5200 TOWN CENTER CI	IR			•			
STE 600		STE 600				•			
BOCA RATUR	N, FL 33486	BOCA RATON, FL 3348	86 US	;	1 1821 1831 1	2   1873    1813  <b>  181</b> 1    <b>28</b> 1    <b>181</b>	iri <b>03</b> 101 71 <b>0 0</b> 1 1	1811 - 1386)    871 - 871	
2. Principal F	Place of Business	3. Mailing Address	Mailing Address						
					I IBBIIBar II	J INIST INIST BALL MARS SOLI	,5 <b>1 112/11)</b> // 112 113	BILD COME HER MY	(ISB) II LESI
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03062006	Chg-P	CR2E	034 (11/05)	
City & State		City & State			4. FEI Numb			<del> </del>	oplied For
Zip Country		Zip Coun		ırv	65-085			\$8.75 Add	ot Applicable
				· <b>,</b>	5. Certificate of Status Desired Fee Required				
6. Name and Address of Current Registered Agent					7. Name and	Address of New R	legistered	Agent	
SAXENA, MAYA S ESQ				Name					
5200 TOWN CENTER CIR			Ī	Street Addres	ss (P.O. Box Numb	er is Not Acceptable	B)		
STE 600 BOCA RATON, FL 33486									
BOOK RATON, FE 33460				Cik.				7in Cod	
				City			FL	Zip Cod	
	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	d office or regis	istered agent, or bo	th, in the State of Flo	orida. Lam	familiar with,	and accept
-	-								
SIGNATURE.	Signature, typed or printed name of registered agent a	nd atte if applicable. (NQTI	E: Registered	Agent signature req	puired when reinstating)		DATE		
					-				
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution				cing .	\$5.00 May Be Added to Fees				
TITLE	OFFICERS AND D	<u>-</u>	11.	<del></del>	ADDITIONS	CHANGES TO OFF	ICERS ANI		
NAME	WEISS, MELVIN	☐ Delete	TITLE NAME		EISS, MELV	<i>I</i> VN T		[23] Change	Addition
STREET ADDRESS	ONE PENN PLAZA				ONE PENN P				
CITY-ST-ZIP	P NEW YORK, NY 10119		CITY-		YEW YORK				
TITLE	VD	Delete	FITLE	L V	D			Change	Addition
NAME STREET ADDRESS	I		NAME		ALLAS, EDI				
CITY-ST-ZIP	• • • • • • • • • • • • • • • • • • • •			ST-ZIP N	NE PENN PI EW YORI, N	AZA Dana			
TITLE	ST ·	☐ Defete	TITLE		EW IUNI, P	11 10119		☐ Change	☐ Addition
NAME	BRESSLER, ARNOLD N	L 55,016	NAME					☐ Manage	LI Abouto
STREET ADDRESS	ONE PENN PLAZA		STREE	T ADDRESS					
CITY-ST-ZIP	NEW YORK, NY 10119	· · · · · · · · · · · · · · · · · · ·	CITY-	ST-ZIP					
TITLE	V	Delete	TITLE					☐ Change	Addition
			NAME	1					
CITY-SI-ZIP	SAN DIEGO, CA 92101	ER. PLAZA		T ADDRESS ST-ZIP					
TITLE	VD	☐ Delete	TITLE	<del></del>				Change	Addition
NAME	SHULMAN, STEVEN G	- 50.010	NAME	3.1	CHULMAN, S	TEVEN G		<b>X</b>	
	1 '								
STREET ADDRESS CITY+ST+ZIP			STREE	TADDRESS   OI	NE PENN PL EW YORK, N	AZA			

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.

STREET ADDRESS

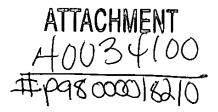
CITY-ST-ZIP

TITLE

NAME

Delete





David B. Manno Direct Dial: 212-946-9383 dmanno@milbergweiss.com

March 15, 2006

VIA CERTIFED MAIL

**Division of Corporations** P.O. Box 1500 Tallahassee, FL 32302-1500

> Re: MWB&S Florida Leasing Corp.

> > 2006 Annual Report

Ladies and Gentlemen:

Enclosed is a 2006 For Profit Corporation Annual Report, along with a check in the amount of \$150.00.

Please acknowledge receipt of the enclosed by signing the enclosed copy of this letter and returning it to me in the envelope we have provided.

Sincerely,

DBM:rb **Enclosures** 

Receipt acknowledged:

(Name) (Title)





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