


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-20-2006 90006 001 ***150.00

| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # P98000018210 1. Entity Name MWB&S FLORIDA LEASING CORP. | | | |  | |
| Principal Place of Business 5200 TOWN CENTER CIR STE 600 BOCA RATON, FL 33486 | | | Mailing Address 5200 TOWN CENTER CIR STE 600 BOCA RATON, FL 33486 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0857200 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SAXENA, MAYA S ESQ 5200 TOWN CENTER CIR STE 600 BOCA RATON, FL 33486 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WEISS, MELVIN ONE PENN PLAZA NEW YORK, NY 10119 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BERSHAD, DAVID 1 PENN PLAZA NEW YORK, NY 10119 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST BRESSLER, ARNOLD N ONE PENN PLAZA NEW YORK, NY 10119 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LERACH, WILLIAM S 600 WEST BROADWAY 1800 AMER. PLAZA SAN DIEGO, CA 92101 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SHULMAN, STEVEN G ONE PENN PLAZA NEW YORK, NY 10119 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DUMAIN, SANFORD P ONE PENN PLAZA NEW YORK, NY 10119 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | WEISS, MELVYN I ONE PENN PLAZA NEW YORK, NY 10119 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD KALLAS, EDITH M ONE PENN PLAZA NEW YORK, NY 10119 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| 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"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SCHULMAN, STEVEN G ONE PENN PLAZA NEW YORK, NY 10119 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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 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: <i>Arnold N Bressler, Secretary, Treasurer March 15 2006</i> (212) 594-5300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |



MILBERG WEISS

ATTACHMENT
40034100
#998000018210

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

March 15, 2006

VIA CERTIFIED 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,



David B. Manno

DBM:rb
Enclosures

Receipt acknowledged:

(Name)
(Title)

Milberg Weiss Bershad & Schulman LLP

One Pennsylvania Plaza · New York, NY 10119 · 212-594-5300 · Fax 212-868-1229 · www.milbergweiss.com

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