

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000072499



1. Entity Name
 PARKAIR LEASING, INC.

Principal Place of Business
 18769 S.E. FEDERAL HIGHWAY
 TEQUESTA, FL 33469

Mailing Address
 18769 S.E. FEDERAL HIGHWAY
 TEQUESTA, FL 33469



01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0857233 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUBENFELD, DAREN
 18679 S.E. FEDERAL HIGHWAY
 TEQUESTA, FL 33469

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
 NAME MILLER, ROBERT L
 STREET ADDRESS 18679 S.E. FEDERAL HIGHWAY
 CITY-ST-ZIP TEQUESTA, FL 33469

TITLE VP
 NAME RUBENFELD, DAREN
 STREET ADDRESS 18679 S.E. FEDERAL HWY
 CITY-ST-ZIP TEQUESTA, FL 33469

TITLE
 NAME
 STREET ADDRESS
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 CITY-ST-ZIP

UD00001300621
 04/12/05-80029-016 158.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-05 521-743-0014
Date Daytime Phone #