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

## FILED Apr 03, 2006 8:00 am Secretary of State 04-03-2006 90804 001 \*\*\*300.00

DOCUMENT # P98000072987  1. Entity Name NYC LEASING INC.							04-03-2000	90804 001 30	0.00
Principal Place	e of Business	Mailing Address	Mailing Address			66008412			
3265 ST JAMES DR		3265 ST JAMES DR BOCA RATON, FL 33434				80000			
BOCA RATON, FL 33434 BOCA RATON,			'L 33434			) (SP(SP) ()A (	PINI ININ ARKI TAKI NAK	II SRIII IBBIB MRIB IBIBI (BIII I	12/021 :: 1201
2. Principal P	face of Business	3. Mailing Address			$\longrightarrow$				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				1 (EMI(EM) ()W )	NGI 18411 4 WIN 60111 PG!!	Baitt taasa 11819 satat 1814 ta	iarnat il foat
						03302006	Chg-P	CR2E034 (11/05)	
City & State		City & State			4. FEI Number 65-0873	437	<del></del>	pplied For of Applicable	
Zip	Country	Zip	Cour	ntry		5. Certificate o	f Status Desired	□ \$8.75 Ad Fee Requir	
	6. Name and Address of Currer	nt Registered Agent				7. Name and A	ddress of New R	<del></del>	
BROWN, ROGER				Name					
3265 ST JAMES DR BOCA RATON, FL 33434				Street Address (P.O. Box Number is Not Acceptable)					
BOCA RATON, FL 33434									
				City	FL Zip Code				
	named entity submits this statement ions of registered agent.	for the purpose of changing	its register	ed office or	registere	d agent, or both	, in the State of Flo	orida. I am familiar with	, and accept
SIGNATURE_	, :								
	Signature, typed or printed name of registered age	orit and title if applicable. (7	NOTE: Registere	ed Agent algnati,	ura required w	hen reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Carr Trust Fund C		ncing		00 May Be d to Fees			
10.	OFFICERS AN	D DIRECTORS	11.					ICERS AND DIRECTOR	<del></del>
TITLE Name	D Delde IIII			MOUR	URSEN BROWN Change Addition				
STREET ADDRESS	,		EET ADDRESS	326	CARATON, FL 33434				
CITY-ST-Z#P			'-ST-ZIP	Boci	o roton	FL 334			
TITLE NAME		☐ Delete	TITL NAM					☐ Change	Addition
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			сп	-ST-ZIP					
TITLE NAME		☐ Delete	JITL NAM					Change	Addition Addition
STREET ADDRESS				eet address					
CITY-ST-ZIP			CITY	(-ST-ZIP					
TITLE NAME		☐ Delete	TITE NAA					☐ Change	☐ Addition
STREET ADDRESS				EET ADORESS					
CITY-ST-ZIP			CITY	/-ST-ZIP					
TITLE		☐ Delete	TITL					☐ Change	Addition
NAME STREET ADDRESS			NAA CTD	re Eet aodress	}				
CITY-ST-ZIP				/-ST-ZIP					
IIILE		☐ Delete	π					☐ Change	☐ Addition
NAME STREET ADDRESS			NAA STR	ae Eet address					
CITY-ST-ZIP.				r-st-zip					
<del></del>	Lentify that the information supplied w	ith this filing does not qualif			ontained	in Chapter 119		further certify that the	information

Independent on this report of supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the individual indicated on this report or supplemental report is true and accordate 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 of Wistee 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 within address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561 - 367-7997 Daytime Phone #