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Secretary of State

06-04-2004 90003 009 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000104481

1. Entity Name
CARZ LEASING CORPORATION

54056742

Principal Place of Business	Mailing Address
57 WOODS LANE BOYNTON, FL 33436	57 WOODS LANE BOYNTON, FL 33436
2. Principal Place of Business: 3447 ARTESIAN DR.	3. Mailing Address: 3447 ARTESIAN DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LANTANA FL.	City & State: LANTANA, FL.
Zip: 33462-3613 Country: USA	Zip: 33462-3613 Country: USA

04192004 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0878509 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARANO, GARY S 57 WOODS LANE. BOYNTON BEACH, FL 33436	Name: Street Address (P.O. Box Number is Not Acceptable): 3447 ARTESIAN DR. City: Lantana FL Zip Code: 33462-3613

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	P MARANO, GARY S 57 WOODS LANE. BOYNTON BEACH, FL 33436 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 3447 Artesian DR. Lantana, FL 33462-3613
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 4/20/03 561-642-2928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #