

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90030 033 \*\*\*158.75

<b>DOCUMENT # P99000013534</b>					
<b>1. Entity Name</b> BIGA LEASING CORPORATION					
<b>Principal Place of Business</b> 9012 N.W. 105TH WAY MEDLEY, FL 33178			<b>Mailing Address</b> 1560 SAWGRASS CORPORATE PARKWAY 4TH FLOOR SUNRISE, FL 33323		
<b>2. Principal Place of Business</b> <i>1560 Sawgrass Corp Parkway</i>		<b>3. Mailing Address</b> Suite, Apt. #, etc. <i>4th Floor</i>		01192004    Chg-P    CR2E034 (10/03)	
City & State <i>Sunrise, FL</i>		City & State		<b>4. FEI Number</b> 65-0918218	
Zip <i>33323</i>		Country <i>USA</i>		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
MIAMI CORPORATE SYSTEMS, INC. 1560 SAWGRASS CORPORATE PARKWAY 4TH FLOOR SUNRISE, FL 33323				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>	
<b>8.</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPONE, ADAME EDUARDO 1560 SAWGRASS CORP PKWY 4TH FLOOR SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Eduardo Lapose Adame 1560 Sawgrass Corp Parkway 4th Floor, Sunrise, FL 33323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HENRIQUEZ, NORMAN 1560 SAWGRASS CORP PKWY 4TH FLOOR SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12.</b> 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.					
<b>SIGNATURE:</b> <i>[Signature]</i>			1/21/04 (954) 331-8105		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date      Daytime Phone #		