


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90322 024 ***150.00

DOCUMENT # P99000022042	
1. Entity Name KALER AUTO LEASING, INC.	

Principal Place of Business 4498 N. DIXIE HWY. OAKLAND PARK, FL 33334	Mailing Address 4498 N. DIXIE HWY. OAKLAND PARK, FL 33334
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40063370



2. Principal Place of Business - No P.O. Box # 4498 N. Dixie Hwy	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04062007 Chg-P CR2E034 (12/06)

City & State OAKLAND PARK FLA	City & State
Zip 33334	Country Broward

4. FEI Number 65-0913225	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KARLIN, RONALD 10904 LA SALINAS CIRCLE BOCA RATON, FL 33428	
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7. Name and Address of New Registered Agent	
Name RONALD KARLIN	
Street Address (P.O. Box Number is Not Acceptable) 10904 LA SALINAS CIR	
City Boca Raton	FL Zip Code 33428

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 4/12/07
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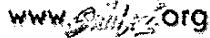
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete KARLIN, RONALD 10904 LA SALINAS CIRCLE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	<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	<input 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: 	DATE: 4/12/07	Daytime Phone #
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www.sunbiz.org**ATTACHMENT 40063576**
Division of Corporations**Annual Report**Annual Report Help

Document Number

P99000022042

Business Entity Name

KALER AUTO LEASING, INC.

FEI Number

650913225

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address

4498 N. DIXIE HWY.

Suite, Apt. #, etc.

City, State

OAKLAND PARK**FL**

Zip Code & Country

33334**Mailing Address**

Address

4498 N. DIXIE HWY.

Suite, Apt. #, etc.

City, State

OAKLAND PARK**FL**

Zip Code & Country

33334**Name and Address of Registered Agent**

Name (Last, First, Middle, Title)

KARLIN**RONALD****- OR -**

Business to serve as RA

Address (PO Box is not acceptable)

10904 LA SALINAS CIRCLE

Suite, Apt. #, etc.

City, State

BOCA RATON**FL**

Zip Code & Country

33428**US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT

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#P09000022042

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	<input type="text" value="D"/>		
Name (Last, First, Middle, Title)	<input type="text" value="KARLIN"/>	<input type="text" value="RONALD"/>	<input type="text"/>
- OR -			
Entity Name to serve as Officer/Director	<input type="text"/>		
Street Address	<input type="text" value="10904 LA SALINAS CIRCLE"/>		
City, State	<input type="text" value="BOCA RATON"/>	<input type="text" value="FL"/>	<input type="text"/>
Zip Code & Country	<input type="text" value="33428"/>	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>		
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>
- OR -			
Entity Name to serve as Officer/Director	<input type="text"/>		
Street Address	<input type="text"/>		
City, State	<input type="text"/>	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>		
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>
- OR -			
Entity Name to serve as Officer/Director	<input type="text"/>		
Street Address	<input type="text"/>		
City, State	<input type="text"/>	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>		