## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000070550

Entity Name: NATIONAL FLEET AUTO LEASE, INC.

FILED Apr 27, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

Current Principal Place of Business: New Principal Place of Business:

6466 NW 5 WAY
FORT LAUDERDALE, FL 33309
2953 W CYPRESS CREEK RD #101
FORT LAUDERDALE, FL 33309

Current Mailing Address: New Mailing Address:

6466 NW 5 WAY 2953 W CYPRESS CREEK RD #101 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309

FEI Number: 65-0940349 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PASSARIELLO, JOHN
6466 NW 5TH WAY
FORT LAUDERDALE, FL 33309 US
PASSARIELLO, JOHN
2953 W CYPRESS CREEK RD #101
FORT LAUDERDALE, FL 33309 US

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.

SIGNATURE: JOHN PASSARIELLO 04/27/2007

Electronic Signature of Registered Agent Date

Title:

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete

Name: MOSKOWITZ, WILLIAM
Address: 6466 NW 5TH WAY

Name: MOSKOWITZ, WILLIAM
Address: 2953 W CYPRESS CREEK RD # 101

City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VSD ( ) Delete Title: VSD (X) Change ( ) Addition Name: MOSKOWITZ, ARLENE Name: MOSKOWITZ, ARLENE

Address: 6466 NW 5TH WAY Address: 2953 W CYPRESS CREEK RD #10 City-St-Zip: FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARLENE MOSKOWITZ VPRE 04/27/2007