

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT



**DOCUMENT # P99000111928**

1. Entity Name  
**AMCAR LEASING, INC.**

**FILED**

**04 OCT -6 AM 10:09**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business <b>7850 NW 80 ST SUITE 2 MIAMI, FL 33166</b>	Mailing Address <b>7850 NW 80 ST SUITE 2 MIAMI, FL 33166</b>
---	---

2. Principal Place of Business <small>Suite, Apt. #: etc.</small>	3. Mailing Address <small>Suite, Apt. #: etc.</small>
--	--

09282004 Chg-P CR2E034 (10/03)

City & State	City & State
--------------	--------------

4. FEI Number <b>65-0980601</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GEENEN, HENK H  
7850 NW 80 ST #2  
MIAMI, FL 33166**

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

**FL**

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

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
------------------------------	---	--

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete	NAME	GEENEN, HENK H	STREET ADDRESS	7850 NW 80 ST #2	CITY-ST-ZIP	MIAMI, FL 33166
TITLE	VSD	<input checked="" type="checkbox"/> Delete	NAME	VAN VLIET, ROBERT A	STREET ADDRESS	7850 NW 80 ST #2	CITY-ST-ZIP	MIAMI, FL 33166
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	GEENEN, HENK H	STREET ADDRESS	7850 NW 80 ST #2	CITY-ST-ZIP	MIAMI FL 33166
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	600041605726	CITY-ST-ZIP	10/05/04--01039--003 **61.25
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	CROES, MARISELLA A C	STREET ADDRESS	7850 NW 80 ST #2	CITY-ST-ZIP	MIAMI FL 33166
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	DIAZ, NANCY A	STREET ADDRESS	15165 SW 172 ST	CITY-ST-ZIP	MIAMI FL 33187
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	

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** \_\_\_\_\_ **Henk H Geenen** **09-28-04** **305-599-8866**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #