

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S37819

Entity Name: PO-LEASE, INC.

FILED  
Apr 27, 2006  
Secretary of State

## Current Principal Place of Business:

16175 NORTHWEST 49TH AVENUE  
MIAMI, FL 33014

## New Principal Place of Business:

## Current Mailing Address:

16175 NORTHWEST 49TH AVENUE  
MIAMI, FL 33014

## New Mailing Address:

FEI Number: 65-0394541

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLOOM, SI H.  
16175 NORTHWEST 49TH AVENUE  
MIAMI, FL 33014 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MURGEL, CARLOS,  
Address: 16175 NW 49 AVE  
City-St-Zip: MIAMI, FL

Title: VAS (X) Delete  
Name: MORRISON, ROBERT  
Address: 16175 NW 49 AVE  
City-St-Zip: MIAMI, FL

Title: ST ( ) Delete  
Name: BLOOM, SIMON,  
Address: 16175 NW 49 AVE  
City-St-Zip: MIAMI, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MORRISON, ROBERT G  
Address: 16175 NW 49 AVE  
City-St-Zip: MIAMI, FL 33014

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: BLOOM, SIMON H  
Address: 16175 NW 49 AVE  
City-St-Zip: MIAMI, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT G. MORRISON

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date