## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 02, 2005 08:00 AM Secretary of State DOCUMENT # S59204 EASING, INC. Principal Place of Business Mailing Address 7306 NW 34TH STREET 7306 NW 34TH STREET MIAMI, FL 33122 US MIAMI, FL 33122 No Chg-P CR2E034 (10/03) 01182005 DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 65-0268734 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PEREZ, JR., GONZALO ESQ. DO NOT WRITE 2151 LEJEUNE RD. \_\_\_\_ SUITE 204 IN THIS SPACE CORAL GABLES, FL\_33134 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 reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. PST TITLE POSSE, ANDRES NAME STREET ADDRESS 7306 NW 34TH ST. City-St-ZIP MIAMI, FL 33122 U00000285039 TITLE 04/02/05-80029-006 150.00 STREET ADDRESS CITY - ST - ZIP THE NAME STREET ADDRESS DO NOT WRITE CHY ST ZIP IN THIS SPACE THILL NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP

**FILED** 

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 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: Authority pros.	1-18-05	3085944677
SIGNATURE AND TYPED OR PRINTED NAME OF SCHIMG OFFICER OR DIRECTOR	Date	Daytime Phone #
	<del></del>	