## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

**FILED** Jan 18, 2007 08:00 AM Secretary of State

Fee Required

| DO | CU | M     | ΕN | IT | # \ | V | 3 | 3 | 1 | O | 8 |
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SOUTH SHORE LEASING AND SALES CORPORATION



Principal Place of Business

3200 N.W. 37TH STREET MIAMI, FL 33142 US

Mailing Address

3200 N.W. 37TH STREET MIAMI, FL 33142 US



## DO NOT WRITE IN THIS SPACE

| 01092007 140 Glig-1              | OILE | 2004 (17/05)      |
|----------------------------------|------|-------------------|
| 4. FEI Number                    |      | Applies For       |
| 65-0333759                       |      | Not Applicable    |
| 5. Certificate of Status Desired |      | \$8.75 Additional |

6. Name and Address of Current Registered Agent

BETANCOURT, JORGE I. 520 NW 124 AVE MIAMI, FL 33182

## DO NOT WRITE IN THIS SPACE

|  | named entity submits this statement for the pions of registered agent.   | urpose of changing its registere  | ed office or re                              | gistered agent, or bo  | th, in the State of Florida, Tam familiar with land accer   |
|--|--|---|--|--|---|
| SIGNATURE_                                   | Signature, typed or printed name of registered agent and title if  | applicable. (NOTE: Registered   | d Agent signature r                          | equired when reinstating)  | DATE  |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550.00  | Election Campaign Finance     Trust Fund Contribution.  | cing   | \$5.00 May Be<br>Added to Fees   | unnnnn591529  |
| 10.  | OFFICERS AND DIREC   | TORS  |  |  | 01/19/07-80025-011 150.00   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>BETANCOURT, JORGE I<br>520 NW 124TH AVE<br>MIAMI, FL 33182   |   |  |  | .0171.001 00000 011 10100   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP        | T<br>BETANCOURT, VIVIAN<br>520 NW 124 AVE<br>MIAMI, FL 33182   |   |  |  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | S<br>BETANCOURT, TERESITA<br>11740 SW 15 ST<br>MIAMI, FL 33184   |   | *  | •  | NOT WRITE<br>THIS SPACE   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  |   |  | 114  | THO OF AGE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP        |  |   |  |  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP        |  |   |  |  |   |
| 12. I hereby of indicated of the corchanged. | certify that the information supplied with this fit<br>on this report or supplemental epocy is true a<br>poration or the reactive or true ee phowered<br>or on an attachment with the actions with all | ing does not qualify for the exe<br>and accurate and that my signate<br>to execute this report as requir<br>other like empowered. | emptions conture shall have<br>red by Chapte | ained in Chapter 11:<br>the same legal effe<br>er 607, Florida Statute | <ol> <li>Florida Statules. I further certify that the information<br/>of as if made under oath, that I am an officer or circ ces;<br/>es; and that my name appears in Block 10 or Block 11</li> </ol> |