

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**Jan 08,
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|---|--|--|----------------|------------------------------------|--|-------------|----------------|
| DOCUMENT # P04000128219 1. Entity Name EQUITY LENDERS CORP. | | | | | | | |
| Principal Place of Business 725 71ST STREET SUITE 200 MIAMI BEACH, FL 33141 | | Mailing Address 725 71ST STREET SUITE 200 MIAMI BEACH, FL 33141 | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | | | |
| | | | | | | | |
| | | 01032007 No Chg-P CR2E034 (11/05) | | | | | |
| | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">4. FEI Number 16-1707262</td> <td style="width:30%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Applied For</td> <td style="width:50%;">Not Applicable</td> </tr> </table> </td> </tr> </table> | | 4. FEI Number 16-1707262 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Applied For</td> <td style="width:50%;">Not Applicable</td> </tr> </table> | Applied For | Not Applicable |
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| Applied For | Not Applicable | | | | | | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent RAIJMAN, ARLENE ESQ. 1111 KANE CONCOURSE SUITE 607 BAY HARBOR ISLANDS, FL 33154 | | DO NOT WRITE IN THIS SPACE | | | | | |
| 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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | | | |
| TITLE | P | <div style="font-family: monospace; font-size: 1.2em;"> U00000578359 01/09/07-80026-008 150.00 </div> <div style="font-size: 1.5em; margin-top: 20px;"> DO NOT WRITE IN THIS SPACE </div> | | | | | |
| NAME | WASERSTEIN, JEANETTE R | | | | | | |
| STREET ADDRESS | 725 71ST STREET #200 | | | | | | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33141 | | | | | | |
| TITLE | | | | | | | |
| NAME | | | | | | | |
| STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | | | |
| TITLE | | | | | | | |
| NAME | | | | | | | |
| STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | | | |
| TITLE | | | | | | | |
| NAME | | | | | | | |
| STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <div style="font-size: 1.5em;"> 1/3/07 305-323-6821 </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Date Daytime Phone # </div> | | | | | |