## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000006285

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FILED Apr 29, 2004 Secretary of State

**Entity Name:** LOAN RESOURCE CENTER, INC. **Current Principal Place of Business: New Principal Place of Business:** 7515 BERGENLINE AVE. NORTH BERGEN, NJ 07047 **Current Mailing Address: New Mailing Address:** 2721 EXECUTIVE PARK DRIVE SUITE 2 WESTON, FL 33331 FEI Number: 22-2898653 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HERRERA, ROBERT 1245 JASMINE CIRCLE WESTON, FL 33326 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CPST ( ) Delete () Change () Addition HERRERA, ROBERT Name: Name: 1245 JASMINE CIRCLE Address: Address: City-St-Zip: WESTON, FL 33326 City-St-Zip: Title: Title: () Delete () Change () Addition Name: HERRERA, GINA Name: 1006 PINE BRANCH DRIVE Address: Address: City-St-Zip: WESTON, FL 33326 City-St-Zip: ( ) Delete Title: Title: SVD () Change () Addition OROPESA, CARLO Name: Name: 7855 BLVD, EAST Address: Address: City-St-Zip: NORTH BERGEN, NJ 07047 City-St-Zip: Title: ( ) Delete Title: () Change () Addition HERRERA, ORVELIO Name: Name: Address: 1006 PINE BRANCH DRIVE Address: City-St-Zip: WESTON, FL 33326 City-St-Zip: Title: ( ) Delete Title: () Change () Addition ORTIZ, EVELYN Name: Name: 809 2ND AVE. Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: ROBERT HERRERA PRES 04/29/2004

SECAUCUS, FL 07094

City-St-Zip: