C04 0000001739

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
189, 608,000 671
189, 608, 600 671 Office Use Only 277



800029480428

6 4 56 354 -- 01656 -- 301 ** 70,00



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 15, 2004

THARWAT ELAKHRASS 281 BROWERTOWN RD WEST PATERSON, NJ 07424

SUBJECT: PRINCIPAL LENDING, INC.

Ref. Number: W04000010377

We have received your document for PRINCIPAL LENDING, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Letter Number: 804A00017113

Marsha Thomas Document Specialist

Division of Comparations - P.O. ROY 6327 - Tallahassoa, Florida 32314

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Principal lending, INC
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
THARWAT ELAKHRASS AKA TOM AKYGSS
(Name of Person)
Principal Cending, INC.
(Firm/Company)
281 Browerlown RD
THARWAT ELAKHRASS AKA TOM AKYRSS (Name of Person) Principal (ending, INC. (Firm/Company) 281 Browertown RD (Address) West Patersen, NJ 07424 (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
Tom Akrass at (973) 812 - 9801
(Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORFORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Men Jeress The or country under the law of which it is incorporated) 5 29 2003 (Date of incorporation) (Date of incorporation) The or qualification (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 2 8 Brown four RD, West Paterson NT o 7424 (Principal office address) Same as a bove (Current mailing address) Martgageo (Purpose(s) of corporation authorized in home state or country to be carried out in state of Ficrida) (Since and attreet address or Florida registered upont: (P.O. Box or Mail Drop Box NOT acceptable) Name: Hamed Elbarki	(FEI number, if applicable) Perfetual Duration: Year corp. will cease to exist or "perpetu	
Men Joseph 3 The or country under the law of which it is incorporated) S 129 2003 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") Man qualification (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 281 Brown town RD, West Paterson NT o 7474 (Principal office address) Same as a bove (Current mailing address) Martgageo (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (ame and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Hamel Elbarki ce Address: 4587 Windward Cove lane.	(FEI number, if applicable) Perfetual Duration: Year corp. will cease to exist or "perpetu	
(Date of incorporation) (Date of incorporation) (Dunation: Year corp. will cease to exist or "perpetual") (Dunation: Year corp. will cease to exist or "perpetual") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (Principal office address) (Current mailing address) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Name and givent address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Hamed Elbarki (See Section of Corporation authorized agent: (P.O. Box or Mail Drop Box NOT acceptable) (Corporation of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	(FEI number, if applicable) Perfetual Duration: Year corp. will cease to exist or "perpetu	
Men Joseph (FEI number, if applicable) 5 129 2003 (Date of incorporation) (Direction: Year corp. will cease to exist or "perpetual") MP on qualification (SEE SECTIONS 607.1501, 507.1502 and 817.155, P.S.) 2 81 Browntown RD, West Patenson NT o 7474 (Principal office address) Some as a bove (Current mailing address) Martgageo (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (atme and street address of Florida registered agant: (P.O. Box or Mail Drop Box NOT acceptable) Name: Hamed Floarki ce Address: 4587 Windward Cove lane.	(FEI number, if applicable) Perfetual Duration: Year corp. will cease to exist or "perpetu	
(Principal office address) Marty ageo (Current mailing address) (FEI number, if applicable) (FEI number, if applicable) (FEI number, if applicable) (Perfectual (Dunation: Year corp., will cease to exist or "perpetual") LP on qualification (Dunation: Year corp., will cease to exist or "perpetual") LP on qualification (Dunation: Year corp., will cease to exist or "perpetual") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 281 Brown four RD, west Palenton NT o 7424 (Principal office address) Same as a bove (Current mailing address) Name and givest address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Hand Elbarki ice Address: 4587 Windward Cove lane.	perpetual Duration: Year corp. will cease to exist or perpetu	nalb)
(Duration) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (Duration) (Duration) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) (Duration) (Principal office address) (Duration) (Duration) (Principal office address) (Current mailing address) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) (Purpose(s) of corporation authorized ugent: (P.O. Box or Mail Drop Box NOT acceptable) (Name and gireet address of Florida registered ugent: (P.O. Box or Mail Drop Box NOT acceptable) (Duration) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida (Purpose(s) of corporation authorized ugent: (P.O. Box or Mail Drop Box NOT acceptable) (Duration) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida (Purpose(s) of corporation authorized ugent: (P.O. Box or Mail Drop Box NOT acceptable) (Duration) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida (Purpose(s) of corporation authorized ugent: (P.O. Box or Mail Drop Box NOT acceptable)	perpetual Duration: Year corp. will cease to exist or perpetu	enter)
Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 281 Browertown RD, West Paterson NT o 7424 (Principal office address) Same as a bare (Current mailing address) Martgageo (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered upont: (P.O. Box or Mail Drop Box NOT acceptable) Name: Hamed Elbarki ice Address: 4587 Windward Cove lane.		enall ^b)
Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 281 Browertown RD, West Paterson NT o 7424 (Principal office address) Same as a bare (Current mailing address) Martgageo (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered upont: (P.O. Box or Mail Drop Box NOT acceptable) Name: Hamed Elbarki ice Address: 4587 Windward Cove lane.		eral by
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 281 Brown town RD, west Palenson NT o 7424 (Principal office address) Same as a bove (Current mailing address) Vame and givet address of Florida registered agant: (P.O. Box or Mail Drop Box NOT acceptable) Name: Hamed Elbark! ice Address: 4587 Windward Cove lane.		
Principal office address) Same as a bence (Current mailing address) Martgageo (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered upont: (P.O. Box or Mail Drop Box NOT acceptable) Name: Hamed Elbarki ice Address: 4587 Windward Cove lane.	mateted businuss in Florida, insert "upon qualifica 07.1502 and 817.155, P.S.)	tion.")
(Current mailing address) Some as a bowe (Current mailing address) Martgageo (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Hamed Elbarki ice Address: 4587 Windward Cove Jane.		(1-71 L
Current mailing address) Martgageo (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered upant: (P.O. Box or Mail Drop Box NOT acceptable) Name: Hamed Elbarki ice Address: 4587 Windward Cove Jane.		407
(Current mailing address) Martgageo (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Haned Elbark! ice Address: 4587 Windward Cove lane.	s)	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Ficrida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Haned Elbarki ice Address: 4587 Windward Cove Jane.		
Name and street address of Florida registered ugent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Hamed Elbark! ice Address: 4587 Windward Cove Jane.	3)	
Name and street address of Florida registered upont: (P.O. Box or Mail Drop Box NOT acceptable) Name: Hamed Elbarki Fice Address: 4587 Windward Cove Jane.		
Name and street address of Florida registered upont: (P.O. Box or Mail Drop Box NOT acceptable) Name: Hamed Elbarki Fice Address: 4587 Windward Cove Jane.		
Name and street address of Florida registered upont: (P.O. Box or Mail Drop Box NOT acceptable) Name: Hamed Elbark! Sice Address: 4587 Windward Cove Jane.	itry to be carried out in state of Florida)	
Name: <u>Hamed Elbarki</u> Fice Address: 4587 Windward Cove Jane		
Tice Address: 4587 Windward Cove Jane		
	_	
Cuellington Florida 33467 (City) (Zip code)		
(City) (Zip code)	Planida 3346 7	
• •	(Zip code)	
	· ·	
ving been named as registered agent and to accept service of process for the above stated corporation at the pl	nt as registered agent and agree to act in this	CRPUCI onfine
ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capaci	ntes so two brober our combiens bellotimance	(A) talk
ignated in this application. I hereby accept the appointment as registered agent and agree to act in this capaci ther agree to comply with the provisions of all statates relative to the proper and complete performance of my	จักระ กระจายเรายวยน์ อนเอเน	
ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capaci	von as registered egent.	
ignated in this application. I hereby accept the appointment as registered agent and agree to act in this capaci ther agree to comply with the provisions of all statates relative to the proper and complete performance of my	ion as registered agers.	
gistered agent's acceptance:		ntry to be carried out in state of Fierida) O. Box or Mail Drop Box NOT acceptable) Anc. Florida 33467 (Zip code)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Scaretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:

A. DIRECTORS			•
Chairman: AZZA FLAKHRASS			
Address: 281 Browertaum RD			
west paterson at 07424			
Vice Chairman:			
Address:			
	# - ,		
		-	- [7]
Director:	一家	— ≣a — ಬ	_ = 6
Address:			
		_ <u></u>	- G - S
Director:			
Address:			
B. OFFICERS			
President: THARWAT ELAKHRASS AKA TOM	AKYG	<u> </u>	
Address: 281 Brower town RD			
west paterson, NJ 07424			
a contract of the contract of			
West Paterson, NJ 07424			
Secretary:			
Address:			
Treasurer:	_		
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional officers	and/or direc	ctors.	
13. Office of the little of the realization			
(Signature of Director or Officer listed in number 12 of the application)	-		
14. THANWAT ELAK HRASS (Yeseclaid) (Typed or printed name and capacity of person signing application)			

STATE OF NEW JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

PRINCIPAL LENDING INC 400031310

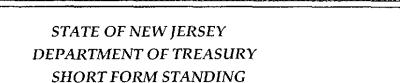
I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on May 29, 2003.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

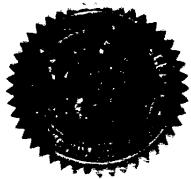
I further certify that the registered agent and registered office are:

Tharwat R. Elakhrass 59 Smokey Ridge Road Ringwood, NJ 07456

Continued on next page . . .



PRINCIPAL LENDING INC



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 24th day of February, 2004

John E McCormac, CPA State Treasurer