


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90098 015 \*\*\*150.00

<b>DOCUMENT # F04000002057</b>	
1. Entity Name <b>BUDGET MORTGAGE BANKERS, LTD., INC.</b>	

Principal Place of Business <b>3333 NEW HYDE PARK BLVD. SUITE 314 NEW HYDE PARK, NY 11042</b>	Mailing Address <b>3333 NEW HYDE PARK BLVD. SUITE 314 NEW HYDE PARK, NY 11042</b>
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40014812

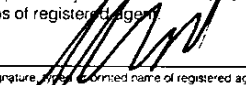


2. Principal Place of Business - No P.O. Box # <b>3333 New Hyde Park Rd</b>	3. Mailing Address <b>3333 New Hyde Park Rd</b>
Suite, Apt. #, etc. <b>Ste 212</b>	Suite, Apt. #, etc. <b>Ste 212</b>
City & State <b>New Hyde Park, NY</b>	City & State <b>New Hyde Park, NY</b>
Zip <b>11042</b>	Country <b>USA</b>
Zip <b>11042</b>	Country <b>U.S.A.</b>

02072007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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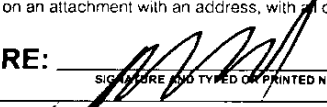
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **Albert Rabizadeh** **2/7/07**  
Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>RABIZADEH, ALBERT 3333 NEW HYDE PARK BLVD. Road NEW HYDE PARK, NY 11042</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or other like empowered.

SIGNATURE:  **Albert Rabizadeh** **2/7/07** **(516) 354 0700**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #