

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90031 027 \*\*\*150.00

**DOCUMENT # F05000000111**

1. Entity Name

MRU LENDING, INC.



Principal Place of Business  
600 LEXINGTON AVE., 3RD FLOOR  
NEW YORK NY 10022

Mailing Address  
600 LEXINGTON AVE., 3RD FLOOR  
NEW YORK NY 10022



2. Principal Place of Business

3. Mailing Address

1114 Avenue of the Americas  
30th Floor

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New York, NY

Zip

Country

Zip

10026

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

20-1728899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☐ Delete  
NAME KHAN, RAZA  
STREET ADDRESS 600 LEXINGTON AVE., 3RD FLOOR  
CITY-ST-ZIP NEW YORK NY 10022

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME VISHAL GARG  
STREET ADDRESS 600 LEXINGTON AVE., 3RD FLOOR  
CITY-ST-ZIP NEW YORK, NY 10022

TITLE S ☐ Delete  
NAME ZEHL, LOUIS W  
STREET ADDRESS 600 LEXINGTON AVE., 3RD FLOOR  
CITY-ST-ZIP NEW YORK NY 10022

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME BERNARD ANGELO  
STREET ADDRESS 445 BROAD HOLLOW ROAD, Suite 239  
CITY-ST-ZIP Melville, NY 11747

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAZA KHAN, PRESIDENT

2/6/2006

212-836-4196

Date

Daytime Phone #