

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # J41599

1. Entity Name  
ASSET BASED LENDING CONSULTANTS, INC.



Principal Place of Business  
1641 N. 71 TERR.  
HOLLYWOOD, FL 33024 US

Mailing Address  
1641 N. 71 TERR.  
STE 124  
HOLLYWOOD, FL 33024 US

**DO NOT WRITE IN THIS SPACE**



03222005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0022712

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**5. Name and Address of Current Registered Agent**

CLARKE, DONALD F  
395 NE 154 ST.  
MIAMI, FL 33162

**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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	CLARKE, HELGA
STREET ADDRESS	395 NE 154 STREET
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	DP
NAME	CLARKE, DONALD
STREET ADDRESS	395 NE 154 STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	MCKIE, ALFRED O
STREET ADDRESS	7713 GRANDVIEW BLVD
CITY-ST-ZIP	MIRAMAR, FL
TITLE	S
NAME	CLARKE, DONALD F JR
STREET ADDRESS	395 NE 154 STREET
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	T
NAME	CLARKE, SIMONE
STREET ADDRESS	395 NE 154 STREET
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	AT
NAME	CLARKE, DWIGHT
STREET ADDRESS	395 NE 154 STREET
CITY-ST-ZIP	MIAMI, FL 33162

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03/28/05-80008-017 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD F CLARKE

3/23/05 (934)962-0099

Date

Daytime Phone #