

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90028 033 ***550.00

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**



06302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0022712

Applied For
Not Applicable

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

6. 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CLARKE, HELGA
395 NE 154 STREET
MIAMI, FL 33162**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
CLARKE, DONALD
395 NE 154 STREET
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**~~V~~
~~MCNIE, ALFRED O~~
~~7713 GRANDVIEW BLVD~~
~~MIAMI, FL~~**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CLARKE, DONALD F JR
395 NE 154 STREET
MIAMI, FL 33162**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CLARKE, SIMONE
395 NE 154 STREET
MIAMI, FL 33162**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
CLARKE, DWIGHT
395 NE 154 STREET
MIAMI, FL 33162**

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

Donald F Clarke **DONALD F CLARKE** 7/10/06 (954) 962-0099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #