

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 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**



04292008 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

**U00000933850
05/23/08-80044-005-150.00**

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	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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 Clarke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/29/08 Daytime Phone # _____