
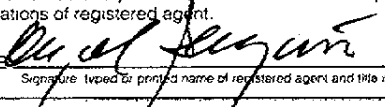
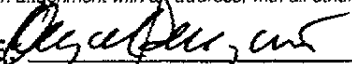


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00437</b> 1. Entity Name <b>LOANS INC.</b>					
Principal Place of Business <b>9370 SUNSET DR A214 MIAMI FL 33173 US</b>				Mailing Address <b>P.O. BOX 651294 MIAMI FL 33265</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0132402</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BURGUENO, ANGEL C. 9370 SUNSET DR A214 MIAMI FL 33173</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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  <b>ANGEL BURGUENO</b> <span style="float: right;"><b>01/23/04</b></span> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURGUENO, ANGEL</b>			NAME	
STREET ADDRESS	<b>9370 SUNSET DR A- 214</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURGUENO, ANGEL</b>			NAME	
STREET ADDRESS	<b>9370 SUNSET DR A- 214</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURGUENO, OMAIRA</b>			NAME	
STREET ADDRESS	<b>9370 SUNSET DR A214</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURGUENO, PAULINA</b>			NAME	
STREET ADDRESS	<b>9370 SUNSET DR A214</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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  <b>ANGEL BURGUENO</b>				<b>01/23/04 (305) 274-9700</b>	