# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Oct 06, 2009**
**Secretary of State**

DOCUMENT# P01000018215

**Entity Name:** HOME LOAN CENTER, INC.

**Current Principal Place of Business:**

5835 BLUE LAGOON DRIVE
#100
MIAMI, FL 33126

**New Principal Place of Business:**

7050 SW 86 AVENUE
SUITE A
MIAMI, FL 33143

**Current Mailing Address:**

5835 BLUE LAGOON DRIVE
#100
MIAMI, FL 33126

**New Mailing Address:**

7050 SW 86 AVENUE
SUITE A
MIAMI, FL 33143

**FEI Number: 65-1080571** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FIGUERAS, JUAN E
7050 S.W. 86TH AVENUE
MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete
Name: FIGUERAS, JUAN C
Address: 12901 SW 69 AVE
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition
Name: PARLADE, JOSEPH R
Address: 7050 SW 86 AVENUE, SUITE A
City-St-Zip: MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH R PARLADE PRES 10/06/2009

Electronic Signature of Signing Officer or Director — Date