

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90049 020 ***155.00

DOCUMENT # P01000035495

1. Entity Name

AMERICA'S BEST LENDING NETWORK, INC.



Principal Place of Business

2315 N. ANDREWS AVE
WILTON MANORS FL 33311

Mailing Address

2315 N. ANDREWS AVE
WILTON MANORS FL 33311

2. Principal Place of Business

6261 N.W. 6th Ave.

Suite, Apt. #, etc.

Suite 202

City & State

FT. LAUDERDALE FL

Zip

33309

Country

BROWARD

3. Mailing Address

6261 N.W. 6th Ave.

Suite, Apt. #, etc.

Suite 202

City & State

FT. LAUDERDALE FL

Zip

33309

Country

BROWARD



MOORE

CR2E034 (11/03)

4. FEI Number

22-3799865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARASH, KENNETH
2315 N ANDREWS AVE
WILTON MANORS
FORT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name KENNETH BARASH

Street Address (P.O. Box Number is Not Acceptable)

6261 N.W. 6th Ave.

City

FT. LAUDERDALE

FL

Zip Code

33309

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

KENNETH BARASH CEO

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BARASH, KENNETH ☐ Delete
STREET ADDRESS 15936 DOUBLE EAGLE TR
CITY-ST-ZIP DELRAY BCH FL 33446

TITLE P
NAME BARASH, PAUL E ☐ Delete
STREET ADDRESS 6421 N.W. 41ST STREET
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

KENNETH BARASH CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

212-04

954-563-4916

Date

Daytime Phone #