

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040615

FILED
Jan 12, 2007
Secretary of State

Entity Name: AFFILIATED RECEIVABLES CORPORATION

Current Principal Place of Business:

13680 NW 5 STREET
220
SUNRISE, FL 33325

New Principal Place of Business:

Current Mailing Address:

13680 NW 5 STREET
220
SUNRISE, FL 33325

New Mailing Address:

FEI Number: 47-0868946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOSS, JEREMY A ESQ.
13680 NW 5 STREET
220
SUNRISE, FL 33325 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JACOBS, DOUGLAS J
Address: 13680 NW 5 STREET SUITE 220
City-St-Zip: SUNRISE, FL 33325

Title: D () Delete
Name: LEHMAN, WILLIAM JR.
Address: 21400 N.W. 2ND AVENUE
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: STIDD, ANDREW L
Address: 114 WEST 47TH STREET SUITE 1715
City-St-Zip: NEW YORK, NY 10036

Title: D () Delete
Name: BURNS, KEVIN P
Address: 114 WEST 47TH STREET SUITE 1715
City-St-Zip: NEW YORK, NY 10036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUGLAS J JACOBS

D

01/12/2007

Electronic Signature of Signing Officer or Director

Date