

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P01000091626**

1. Entity Name  
**SHELBOURG LENDING SERVICES INC.**



Principal Place of Business  
**11362 SW 184 STREET  
MIAMI, FL 33157**

Mailing Address  
**11362 SW 184 STREET  
MIAMI, FL 33157**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**FILED**  
**04 JUN -3 PM-3:03**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



05252004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
**LENDERBORG-SHELTON, BRIGIDA  
11362 SW 184 STREET  
MIAMI, FL 33157**

4. FEI Number  
**65-1135871**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
Name **LENDERBORG, Brigida**  
Street Address (P.O. Box Number is Not Acceptable)  
**11362 SW 184 ST.**  
City **Miami** FL Zip Code **33157**

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 **[Signature]** DATE **5-24-04**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$550.00 Due by September 8, 2004**

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

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11 |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PS<br>LENDERBORG, BRIGIDA<br>11362 SW 184 STREET<br>MIAMI, FL 33157 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <b>400037802164</b><br><b>06/03/04--01058--005 **122.50</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>FUENTES, OLGA<br>11362 SW 184 STREET<br>MIAMI, FL 33157 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>PUENTES, ANGEL<br>11362 SW 184 STREET<br>MIAMI, FL 33157 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <b>T Trillo, Edduar</b><br><b>11362 SW 184 ST</b><br><b>MIAMI, FL 33157</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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 supporting 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 to this address, with all other like empowered.

SIGNATURE: **[Signature]** **Brigida Lenderborg** **5-24-04** **305-278-8877**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #