

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2005 8:00 am
Secretary of State

07-26-2005 90025 047 ***150.00

DOCUMENT # P02000025656 1. Entity Name AGENCY LOANS, INC					
Principal Place of Business 14869 S DIXIE #7 MIAMI, FL 33176		Mailing Address 14869 S DIXIE #7 MIAMI, FL 33176			
2. Principal Place of Business 11900 Biscayne Blvd Suite, Apt. #, etc. #801		3. Mailing Address 11900 Biscayne Blvd Suite, Apt. #, etc. #801			
City & State N. Miami FL		City & State N. Miami FL		4. FEI Number 03-0418751	
Zip 33181		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMKINS, SAMUEL A 5850 SW 94TH ST MIAMI, FL 33156				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  DATE: 					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SIMKINS, SAMUEL A 5850 SW 94TH ST MIAMI, FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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, he empowered.					
SIGNATURE: 			Date 5-20-05 Daytime Phone # 305 8998184		

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