2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000106356

City-St-Zip:

Entity Name: EAST COAST LENDERS, INC.

FILED Apr 13, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5700 COLLINS AVENUE 420 LINCOLN ROAD #6M 440 MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33139 **Current Mailing Address: New Mailing Address:** 5700 COLLINS AVENUE 420LINCOLN ROAD 440 MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33139 FEI Number: 13-4214013 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CALVO, CRISTINA C 5700 CÓLLINS AVENUE #6M MIAMI BEACH, FL 33140 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CALVO, CRISTINA Name: Name: 5700 COLLINS AVENUE #6M Address: Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: Title: () Delete Title: () Change (X) Addition CANAS, FRANKLIN Name: Name: 5700 COLLINS AVE #14B Address: Address: MIAMI BEACH, FL 33140 City-St-Zip: City-St-Zip: Title: () Delete Title: VΡ () Change (X) Addition Name: ZAMORA, ROSA Name: 609 OCEAN DRIVE #5H Address Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

KEY BISCAYNE, FL 33149

SIGNATURE: FRANKLIN CANAS VP 04/13/2004