FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91793 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80111078

DOCUMENT # P02000110797

1. Entity Name
ANGELIGN LOAN PROCESSING, INC.

Principal Place of Business	Mailing Address
894 S.W. 9TH CIRCLE #2 BOCA RATON, FL 33486	894 S.W. 9TH CIRCLE #2 BOCA RATON, FL 33486

2. Principal Place of Business	3. Mailing Address
	867 TIVOLI CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc. 205
City & State	City & State DEERFIELD BEACH FL
Zip / Country	Zip 33441 / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 14-1864292 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GIRNUN, MORRIS A 894 S.W. 9TH CIRCLE #2 BOCA RATON, FL 33486	Name: DURIAN, ANGELA Street Address (P.O. Box Number is Not Acceptable): 867 TIVOLI CIR #205 City: DEERFIELD BEACH FL Zip Code 33441

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, 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, 2003 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DURIAN, ANGELA N 894 S.W. 9TH CIRCLE #2 BOCA RATON, FL 33486 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSVPT ☐ Change ☑ Addition
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CR2E034 (10/02)

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: ______ 4/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #