


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2007 8:00 am**  
**Secretary of State**

02-06-2007 90010 050 \*\*\*158.75

<b>DOCUMENT # P02000134623</b> 1. Entity Name <b>ESTATE LENDERS CORP.</b>			
Principal Place of Business <b>445 LAKEVIEW DRIVE, APT 6 WESTON FL 33326</b>		Mailing Address <b>445 LAKEVIEW DRIVE, APT 6 WESTON FL 33326</b>	
2. Principal Place of Business - No P.O. Box, # <b>445 Lakeview Drive</b>		3. Mailing Address <b>Estate Lenders Corp.</b>	
Suite, Apt. #, etc. <b>Unit #6</b>		Suite, Apt. #, etc. <b>P.O. Box 267794</b>	
City & State <b>Weston FL.</b>		City & State <b>Weston FL.</b>	
Zip <b>33326</b>	Country <b>Broward.</b>	Zip <b>33326</b>	Country <b>Broward.</b>
<b>6. Name and Address of Current Registered Agent</b>  <b>GERBER, TOBYE 445 LAKEVIEW DRIVE, APT 6 WESTON FL 33326</b>		<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GERBER, TOBYE 445 LAKEVIEW DRIVE, APT 6 WESTON FL 33326	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD ECKER, HAROLD 379 LAKEVIEW DRIVE, APT 205 WESTON FL 33326	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** Toby Gerber Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_