## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000001803

Entity Name: MONEY CORP FUNDING INC

FILED Mar 18, 2004 Secretary of State

Current Principal Place of Business:				New Princi	New Principal Place of Business:			
633 NE 167	7 ST							
901 NORTH MI	AMI BEACH, F	FL 33162						
Current Mailing Address:				New Mailir	New Mailing Address:			
633 NE 167 901 NORTH MI	7 ST AMI BEACH, F	FI 33162						
FEI Number:			· Applied For()	FEI Number Not Appli	icable ( )	Certificate of Status	Desired ( )	
Name and	Address of C	urrent Reg	istered Agent:	Name and	Address of I	New Registered A	gent:	
17601 NE S NORTH MI	AMI BEACH, F		US statement for the pur	nose of changing it	s registered (	office or registered :	agent or both	
in the State		ADITIES LINE	otatement for the par	pose of offeriging it	o regiotered (	omee or registered	agent, or both,	
SIGNATUF								
Flection Can	Electroni paign Financing	_	of Registered Agent			Date		
	AND DIRECT		( )	ADDITION	S/CHANGES	TO OFFICERS AI	ND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEO () ORESTE, KARL 9431 CHELSEA MIRAMAR, FL 3	DR		Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	VP () LAFRANCE, HO 17601 NE 5 CO NORTH MIAMI E	URT	162	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	P () POITEVIEN, HAI 1250 NW 126 S MIAMI, FL 3316	Т		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	SEC () ORESTE, LENS 6840 SW 16 CC NORTH LAUDER	OURT	068	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	ORESTE, MÂU 5355 N SYDEN			
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	SEC ( LAFRANCE, S' 17601 NE 5 CC N.M.BEACH, F	OURT		

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.

SIGNATURE: KARL A ORESTE CEO 03/18/2004