

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000146828**

1. Entity Name  
**MONEYP CORP LOAN PROCESSING, INC.**



Principal Place of Business

**3501 W VINE STREET  
SUITE 262  
KISSIMMEE, FL 34741**

Mailing Address

**3501 W VINE STREET  
SUITE 262  
KISSIMMEE, FL 34741**



05072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**30-0281834**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ORESTE, MAURICE  
708 PINCON LANE  
KISSIMMEE, FL 34759**

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ORESTE, MAURICE 708 PINCON LANE KISSIMMEE, FL 34759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ORESTE, CHRISTOPHER 708 PINCON LANE KISSIMMEE, FL 34759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ORESTE, ELEANOR T 708 PINCON LANE KISSIMMEE, FL 34759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ORESTE, MICHELLE P 163800 NE 12TH AVE APT 209B N MIAMI BEACH, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MAURICE ORESTE 5/07/2007 4079313060**