

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000070126

Entity Name: RC LENDING CORP.

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

5720 MICHELANGELO ST  
CORAL GABLES, FL 33146

## New Principal Place of Business:

250 CATALONIA AVENUE  
SUITE 702  
CORAL GABLES, FL 33134

## Current Mailing Address:

5720 MICHELANGELO ST  
CORAL GABLES, FL 33146

## New Mailing Address:

250 CATALONIA AVENUE  
SUITE 702  
CORAL GABLES, FL 33134

FEI Number: 20-4936166

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CABEZAS, IDA  
5720 MICHELANGELO ST  
CORAL GABLES, FL 33146 US

## Name and Address of New Registered Agent:

CABEZAS, IDA  
250 CATALONIA AVENUE  
SUITE 702  
CORAL GABLES, FL 33134 US

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:

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CABEZAS, IDA  
Address: 5720 MICHELANGELO ST  
City-St-Zip: CORAL GABLES, FL 33146

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CABEZAS, IDA  
Address: 250 CATALONIA AVENUE, SUITE 702  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: IDA CABEZAS

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date