

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90088 025 ***150.00

DOCUMENT # P06000141067

1. Entity Name
BRINKS LENDING CORPORATION



Principal Place of Business Mailing Address
C/O MARK I. INGBER, C.P.A., P.A. C/O MARK I. INGBER, C.P.A., P.A.
10100 WEST SAMPLE ROAD SUITE #326 10100 WEST SAMPLE ROAD SUITE #326
CORAL SPRINGS, FL 33065 US CORAL SPRINGS, FL 33065 US

40100552



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1430 South Federal Highway

Suite, Apt. #, etc. Suite, Apt. #, etc.
#201

City & State City & State
Deerfield Beach FL

Zip Country Zip Country
33441 US

04252007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-8172868 Not Applicable

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

6. Name and Address of Current Registered Agent

ROSEFIELD, JONAH
10100 WEST SAMPLE ROAD
SUITE #326
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name: Jonah Rosefield
Street Address (P.O. Box Number is Not Acceptable): 6384 West Sample Road
City: Coral Springs FL Zip Code: 33067

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]* Jonah Rosefield 4/27/07
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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ROSEFIELD, JONAH
STREET ADDRESS 10100 WEST SAMPLE ROAD SUITE #326
CITY-ST-ZIP CORAL SPRINGS, FL 33065 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D/P/S/T
NAME Jonah Rosefield ☒ Change ☐ Addition
STREET ADDRESS 6384 West Sample Road
CITY-ST-ZIP Coral Springs FL 33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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]* Jonah Rosefield 4/27/07 954-510-0109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #