


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000002125	
1. Entity Name THE LENDING COMPANY, INC.	

Principal Place of Business 3600 MYSTIC POINTE DRIVE AVENTURA, FL 33180 US	Mailing Address 3600 MYSTIC POINTE DRIVE AVENTURA, FL 33180 US
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03092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1460888	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
PALINSKY, ILYA 2812 NW 35TH ST MIAMI, FL 33142	

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]* Vice President Ilan Kowalsky DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000088205 03/15/04-80042-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KOWOLSKY, MERYL 3600 MYSTIC POINTE DR AVENTURA, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PALINSKY, ILYA 2315 FISHER ISLAND DR. FISHER ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KOWALSKY, JON 3600 MYSTIC POINT DR AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KOWALSKY, ILAN 3600 MYSTIC POINTE DR AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* Vice President Ilan Kowalsky 3/8/04 305-607-9988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #