2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Mar 31, 2004 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P95000036043 1. Entity Name MORTGAGE LENDING CORPORATION OF AMERICA, INC.							03-31-2004 90030 030 ***150.00				
Principal Place of Business Mailing Address											
3155 N. 39TH ST. 2514 HOLLYWOOD BLVD., ST						508				-	
HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33020											
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2. Principal Place of Business 3. Mailing Address											
2. Principal Place of Business 3. Mailing Address								BIBN BARA BELIN BBIRN BER		i eeni enen k	(ARBI JI FRAI
Suite, Apt. #, etc. Suite, Apt. #, etc.							1				
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City & State				City & State			4. FEI Number			I Ar	plied For
City & Glate			Only & Orallo				65-0580				t Applicable
Zip Country		Zip		Coun	try	03-0300	500				
ΣIP	ip Country			2.0		,	5. Certificate of Status Desired \$8.75 Additional Fee Required			altional d	
6. Name and Address of Current			nt Registere	d Agent	7. Name and Address of New Registered Agent						
	O. Haine	and Address of Ourier	a registere.	a Ageint		Name					
RESNICK	MALCOL	M I									
RESNICK, MALCOLM L 3155 N. 39TH ST.						Street Address (P.O. Box Number is Not Acceptable)					
HOLLYWO		33021									
>-					City	<u> </u>			Zip Cod		
						Only				25p 000	
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											
್ತ್ the obligat	ions of regis	tered agent.									i
SIGNATURE											
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			6	, Election Campai	on Finan	icina \$5	.00 May Be				
After M:	E'NUW!!! av 1. 200.	FEE IS \$150.00 - 4 Fee will be \$550		Trust Fund Cont			ed to Fees				
711100 1111	., ., <u>_</u>	V 1 00 17111 DO 4000									
10.		OFFICERS AN	D DIRECTOR	RS .	11.		ADDITIONS/C	HANGES TO OFF	CERS AND	DIRECTOR	S IN 11
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NAME	RESNICK, MALCOLM L				NAM	E					
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12. I hereby o	certify that th	e information supplied wi	ith this filing	does not qualify for	the exe	mption stated in Se	ection 119.07(3)(i)	, Florida Statutes. I	further certi	fy that the in	nformation
indicated	on this report	ft or supplemental report	is true and a	accurate and that n	ny signal	ture shall have the	same legal effect	as if made under c	ath; that I ar	n an officer	or director
12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or young steep on sevecute 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 of the receiver or the corporation of the receiver or the cor											ווון אטטום