


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90183 030 \*\*\*150.00

<b>DOCUMENT # P98000014462</b> 1. Entity Name <b>INTERNATIONAL MORTGAGE LENDERS CORP.</b>					
Principal Place of Business <b>2999 N.E. 191ST STREET SUITE 900 AVENTURA, FL 33180</b>			Mailing Address <b>2999 N.E. 191ST STREET SUITE 900 AVENTURA, FL 33180</b>		
2. Principal Place of Business - No P.O. Box # <b>2750 NE 185th Street</b>		3. Mailing Address <b>2750 NE 185th Street</b>			
Suite, Apt. #, etc. <b>Second Floor</b>		Suite, Apt. #, etc. <b>Second Floor</b>			
City & State <b>Aventura, FL</b>		City & State <b>Aventura, FL</b>			
Zip <b>33180</b>		Country 		Zip <b>33180</b>	
Country 		Country 			
6. Name and Address of Current Registered Agent  <b>SCHIFFMAN, ADAM R 2999 N.E. 191ST STREET SUITE 900 AVENTURA, FL 33180</b>				7. Name and Address of New Registered Agent Name <b>Schiffman, Adam R.</b> Street Address (P.O. Box number is Not Acceptable) <b>2750 NE 185th Street</b> <b>Second Floor</b> City <b>Aventura</b> <b>FL</b> Zip Code <b>33180</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small> <span style="float: right;"><small>DATE</small></span>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>SCHIFFMAN, ADAM R 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Schiffman, Adam R 2750 NE 185th Street, 2nd Floor Aventura, FL 33180</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date _____ Daytime Phone # _____	

40095571



03192008 Chg-P CR2E034 (12/06)

4. FEI Number **65-0811161** Applied For ☐ Not Applicable ☐

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