DOCUMENT # P98000020495  1. Entity Name					FILED		
					Apr 13, 2001 8:00 am Secretary of State		
LOAN F	ANGERS INC.	-9			04-13-2001 9003	6 038 ***150.00	
Principal Place of Business Mailing Address			·				
16 VIA DE CA	SAS SUR.	16 VIA DE CASAS SUR.			•	v v	
#203 Boynton Beach FL 33426		#203 BOYNTON BEACH FL 33426	#203 BOYNTON BEACH FL 33426				
40 Ocean Hue		3. Mailing Address 40 Ocean	40 Ocean Ave.			1011	
Suite, Apt	Beach Shores	Suite, Apt. #, etc. Palm Beac	4 Shor	es	DO NOT WRITE IN		
City & Sta	te	City & State		4.	FEI Number <b>65-0817372</b>	Applied For Not Applicable	
Zip 3340		33404	Country USA			\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent '	Name 4	7.	Name and Address of New Regis	tered Agent	
וונד	V RDIAN D		Ivame J	Sria	n P. Tull	Y	
Tully, Brian P 16 via de Casas Sur.					Box Number is Not Acceptable)		
#203							
BOYNTON BEACH FL 33426				0 00	elan Ave.		
		<u> </u>	Pala	n Re	ach Shores	FL Zip Code	
8. The above	named entity submits this statement for	or the purpose of changing its r	egistered office or	registered a	gent, or both, in the State of Florida.	-,,	
SIGNATURE	Signature, typed or printed name of registered agent	and title it and cable. (NOTE:	Registered Agent signatu	re required when	reinstating)	9/01 DAE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		10. Election Campaign Financin Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND		12.	<u> </u>	DDITIONS/CHANGES TO OFFICER		
TITLE NAME	P Tully, Brian P	☐ Delete	TITLE NAME	4 ,	1. Brown B	Change	
STREET ADDRESS	16 VIA DE CASAS SR #203		STREET ADDRESS	40 0	y Brian P.		
CITY-ST-ZIP	BOYNTON BEACH FL 33426		CITY-ST-ZIP	2000	Reach Show	es FL 33404	
TITLE		Delete	TITLE	<i></i>		☐ Change ☐ Addition	
NAME			NAME				
STREET ADDRESS City-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME				
STREET ADDRESS			STREET ADDRESS				

CR2E034 (10/00) CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_