

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000015444

1. Entity Name
PERSONAL ASSET LENDERS, INC.



Principal Place of Business

**850 N STATE ROAD 7
PLANTATION, FL 33317**

Mailing Address

**850 N STATE ROAD 7
PLANTATION, FL 33317**

DO NOT WRITE IN THIS SPACE



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0904412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOLDSTEIN, VICKIE
850 N STATE ROAD 7
PLANTATION, FL 33317**

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000087150
03/12/04-80052-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOLDSTEIN, VICKIE
STREET ADDRESS	850 N STATE ROAD 7
CITY ST ZIP	PLANTATION, FL 33317
TITLE	P
NAME	KOGAN, SCOTT
STREET ADDRESS	850 N. STATE ROAD 7
CITY ST ZIP	PLANTATION, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICKIE GOLDSTEIN

3/9/04

Date

9545833323

Daytime Phone #