

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000104085

FILED
May 01, 2009
Secretary of State

Entity Name: MIDAS LENDING CORPORATION

Current Principal Place of Business:

822 NE 125 ST., STE. 109
NORTH MIAMI, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

822 NE 125 ST., STE. 109
NORTH MIAMI, FL 33161 US

New Mailing Address:

P.O. BOX 610787
MIAMI, FL 33261 US

FEI Number: 65-0962937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAFRANCE, ALPHONCIA
822 NE 125 ST., STE 109
NORTH MIAM, FL 33161 US

Name and Address of New Registered Agent:

LAFRANCE-MOMPREMIER, ALPHONCIA
822 NE 125 ST., STE 109
NORTH MIAM, FL 33161 US

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.

SIGNATURE: ALPHONCIA LAFRANCE-MOMPREMIER

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAFRANCE, ALPHONCIA
Address: 822 NE 125 STREET #109
City-St-Zip: NORTH MIAMI, FL 33161

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAFRANCE-MOMPREMIER, ALPHONCIA
Address: P.O. BOX 610787
City-St-Zip: MIAMI, FL 33261

Title: VP () Change (X) Addition
Name: MOMPREMIER, ERNST
Address: P.O. BOX 610787
City-St-Zip: MIAMI, FL 33261

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALPHONCIA LAFRANCE-MOMPREMIER

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date