

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000051200

Entity Name: X-CLUSIV LENDING GROUP, INC.**Current Principal Place of Business:**126 MADEIRA AVENUE
CORAL GABLES, FL 33134**Current Mailing Address:**126 MADEIRA AVENUE
CORAL GABLES, FL 33134 US**FEI Number:** 85-1778133**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AMASTHA, BRYANT S
126 MADEIRA AVENUE
CORAL GABLES, FL 33134 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	AMASTHA, BRYANT S
Address	126 MADEIRA AVENUE
City-State-Zip:	CORAL GABLES FL 33134

Title	VP
Name	DE NORFOLK, MARTHA C
Address	126 MADEIRA AVENUE
City-State-Zip:	CORAL GABLES FL 33134

Title	TREA
Name	DE NORFOLK, MARTHA C
Address	126 MADEIRA AVENUE
City-State-Zip:	CORAL GABLES FL 33134

Title	SEC
Name	AMASTHA, BRYANT S
Address	126 MADEIRA AVENUE
City-State-Zip:	CORAL GABLES FL 33134

I hereby 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 all other like empowered.

SIGNATURE: BRYANT SCOTT AMASTHA**PRESIDENT****04/27/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date