


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2007 08:00 A
Secretary of State

DOCUMENT # F06000001323

1. Entity Name
STATEWIDE RESIDENTIAL FUNDING INC



Principal Place of Business
**12487 N. MAINSTREET, SUITE 240
RANCHO CUCAMONGA, CA 91739**

Mailing Address
**12487 N. MAINSTREET, SUITE 240
RANCHO CUCAMONGA, CA 91739**

DO NOT WRITE IN THIS SPACE



02282007 No Chg-P CR2E034 (11/05)

4. FEI Number
91-2164805

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**U00000657490
03/14/07-80071-003 150.00**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PC DIAZ, ALEJANDRO SR. 12487 N. MAINSTREET, SUITE 240 RANCHO CUCAMONGA, CA 91739 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DIAZ, ALEJANDRO JR. 12487 N. MAINSTREET, SUITE 240 RANCHO CUCAMONGA, CA 91739 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVC DIAZ, MAGALY 12487 N. MAINSTREET, SUITE 240 RANCHO CUCAMONGA, CA 91739 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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.

SIGNATURE:  DATE: **2/28/07** (909) 973 0790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR