


FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90128 027 ***150.00

<p>DOCUMENT #</p> <p>1. Entity Name</p> <p>FOCUS LENDING, INC.</p>	<p>P02000000734</p>	
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Principal Place of Business	Mailing Address
7705 CAMINO REAL UNIT B-104	7705 CAMINO REAL UNIT B-104
MIAMI FL 33143	MIAMI FL 33143

2. Principal Place of Business 16375 NE 18 Ave. Suite, Apt. #, etc. 310	3. Mailing Address 16375 NE 18 Ave. Suite, Apt. #, etc. 310
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City & State N. Miami Beach, FL	City & State N. Miami Beach, FL
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Zip 33162	Country Miami-Dade	Zip 33162	Country Miami-Dade
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6. Name and Address of Current Registered Agent	
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KHALILZAD, TORY 7705 CAMINO REAL, UNIT B-104 MIAMI FL 33143	Name
	Street Address
	City

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 _____

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KHALILZAD, TORY 7705 CAMINO REAL, UNIT B-104 MIAMI FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

4/7/2003 305-944-4433

CR2E034 (10/02)