2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT **FILED** Apr 07, 2004 08:00 AM Secretary of State **DOCUMENT # P02000005701** 1. Entity Name MIAMIWHOLESALELENDING.COM,INC. Principal Place of Business Mailing Address 8801 S.W. 88TH ST. 8801 S.W. 88TH ST. MIAMI, FL 33176 MIAMI, FL 33176 04022004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0377296 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GONZALEZ, HUMBERTO J SR - DO NOT WRITE 8801 SWQ 88TH ST. MIAMI, FL 33176 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, (FIOTE, Registered Agent signature required when reinstalling) CATE 04/07/04-8ŌŌŌ8-011 15D.00 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PVTS** TITLE NAME. GONZALEZ, HUBERTO J SR. 8801 SW 88 ST. STREET ADDRESS CATY-ST-ZIP MIAMI, FL 33176 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 DIRECT

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305.761-6751