

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000082974

1. Entity Name
OCEANSIDE LENDING GROUP, INC.



Principal Place of Business
2455 E SUNRISE BLVD STE 615
FT LAUDERDALE, FL 33304

Mailing Address
2455 E SUNRISE BLVD STE 615
FT LAUDERDALE, FL 33304

DO NOT WRITE IN THIS SPACE



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number
03-0476734

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS H. WRIGHT III, ESQ.
SILVER WRIGHT & SIEGEL, LLP
1600 S DIXIE HIGHWAY STE 400
BOCA RATON, FL 33432

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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 Thomas H. Wright III, Esq

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME IANNUCCI, DAVID
STREET ADDRESS 2680 N.E. 12TH TERRACE
CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE VD
NAME ANGIULLI, ALEXANDER
STREET ADDRESS 1629 NE 34TH LN
CITY-ST-ZIP FT LAUDERDALE, FL 33334

TITLE SD
NAME ZYLBERBERG, JOSHUA A
STREET ADDRESS 1921 LYONS RD APT #201
CITY-ST-ZIP COCONUT CREEK, FL 33063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000112254
04/14/04-80016-003 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Iannucci

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/04 (954) 566-3484