

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000083709

FILED
Apr 28, 2007
Secretary of State

Entity Name: FLORIDA HOME MORTGAGE LENDING CORP.

Current Principal Place of Business:

3901 NW 18TH AVE.
OAKLAND PARK, FL 33309

New Principal Place of Business:

Current Mailing Address:

3901 NW 18TH AVE.
OAKLAND PARK, FL 33309

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MARINO, MICHAEL H
6741 ORANGE DR.
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVTs () Delete
Name: LUSTIG, ALLCE
Address: 3901 NW 18TH AVE.
City-St-Zip: OAKLAND PARK, FL 33309

Title: D () Delete
Name: LUSTIG, ALLCE
Address: 3901 NW 18TH AVE.
City-St-Zip: OAKLAND PARK, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTs (X) Change () Addition
Name: LUSTIG, ALICE
Address: 3901 NW 18TH AVE.
City-St-Zip: OAKLAND PARK, FL 33309

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALICE LUSTIG

PVTs

04/28/2007

Electronic Signature of Signing Officer or Director

_____ Date