
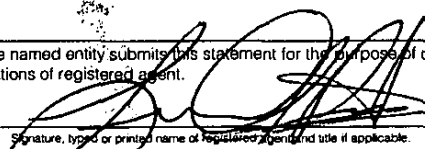
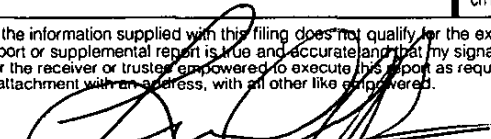


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90025 013 \*\*\*150.00

<b>DOCUMENT # P02000086478</b> 1. Entity Name <b>INVEST AMERICA LENDING GROUP, INC.</b>																																					
Principal Place of Business <b>3625 NW 82 AVE #318</b> <b>MIAMI, FL 33166</b>			Mailing Address <b>3625 NW 82 AVE #318</b> <b>MIAMI, FL 33166</b>																																		
2. Principal Place of Business <b>SAME AS ABOVE</b>		3. Mailing Address <b>SAME AS ABOVE</b>																																			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																			
City & State 		City & State 																																			
Zip 	Country 	Zip 	Country 	01272006 Chg-P CR2E034 (11/05)																																	
6. Name and Address of Current Registered Agent  <b>RUBIO JR, LUIS A</b> <b>2750 M 16TH AVE</b> <b>SUITE 102</b> <b>HIALEAH, FL 33012</b>				7. Name and Address of New Registered Agent Name <b>RUBIO JR, LUIS A</b> Street Address (P.O. Box Number is Not Acceptable) <b>2639 SW 145 AVE</b> City <b>MIAMI, FL</b> Zip <b>33175</b>																																	
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 <b>2/13/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 40%;">NAME</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><b>RUBIO, LUIS A JR</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td><b>3625 NW 82 AVE STE 318</b></td> <td></td> </tr> <tr> <td></td> <td></td> <td><b>MIAMI, FL 33166</b></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 40%;">NAME</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td><b>RUBIO, LUIS A JR.</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td><b>2639 SW 145 AVE.</b></td> <td></td> </tr> <tr> <td></td> <td></td> <td><b>MIAMI, FL 33175</b></td> <td></td> </tr> </table> </div> </div>						TITLE	P	NAME	<input checked="" type="checkbox"/> Delete	STREET ADDRESS		<b>RUBIO, LUIS A JR</b>		CITY-ST-ZIP		<b>3625 NW 82 AVE STE 318</b>				<b>MIAMI, FL 33166</b>		TITLE	P	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		<b>RUBIO, LUIS A JR.</b>		CITY-ST-ZIP		<b>2639 SW 145 AVE.</b>				<b>MIAMI, FL 33175</b>	
TITLE	P	NAME	<input checked="" type="checkbox"/> Delete																																		
STREET ADDRESS		<b>RUBIO, LUIS A JR</b>																																			
CITY-ST-ZIP		<b>3625 NW 82 AVE STE 318</b>																																			
		<b>MIAMI, FL 33166</b>																																			
TITLE	P	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																		
STREET ADDRESS		<b>RUBIO, LUIS A JR.</b>																																			
CITY-ST-ZIP		<b>2639 SW 145 AVE.</b>																																			
		<b>MIAMI, FL 33175</b>																																			
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 corporations.																																					
SIGNATURE: 				Date <b>2/13/06</b> Davina Phone # <b>786 277 9439</b>																																	