

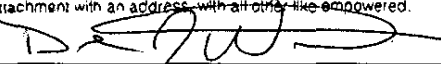
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TAYKAN/ROSEN

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90043 030 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000094232			
1. Entity Name SOUTHERN LENDING GROUP, INC.			
Principal Place of Business 8451 WEST COMMERCIAL BLVD. TAMARAC, FL 33351		Mailing Address 8451 WEST COMMERCIAL BLVD. TAMARAC, FL 33351	
2. Principal Place of Business 8449 W. Commercial Blvd		3. Mailing Address 8449 W. Commercial Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tamarac, FL		City & State Tamarac, FL	
Zip 33351		Country USA	
4. FEI Number 05-0583573		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SICKLES, BARRY M ESQ. 3300 UNIVERSITY DRIVE, SUITE 210 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD WEITZEL, DENISE 117 SW 98TH LANE CORAL SPRINGS, FL 33071 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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: 		4/16/04 954-7182121	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

94058731



04152004 Chg-P CR2E034 (10/03)