

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000129853

1. Entity Name  
FAIR LENDING GROUP, INC.



Principal Place of Business

13241 SW 38 STREET  
MIAMI, FL 33175

Mailing Address

13241 SW 38 STREET  
MIAMI, FL 33175



05112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
33-1075591

Applied For  
(Not Applicable)

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

REGUEIRA, ALBERTO A  
13241 SW 38 STREET  
MIAMI, FL 33175

**DO NOT WRITE  
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

*Alberto A. Regueira (President)*

05-11-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME REGUEIRA, ALBERTO A  
STREET ADDRESS 13241 SW 38 STREET  
CITY-ST-ZIP MIAMI, FL 33175

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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000000366300  
05/12/05-80005-003 558.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 DIRECTOR

05-11-05

Date

Daytime Phone #