

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000145050

FILED
Feb 02, 2005
Secretary of State

Entity Name: FIRST NATIONWIDE LENDING CORP.

Current Principal Place of Business:

621 E CAPE CORAL PKW
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

PO BOX 101670
CAPE CORAL, FL 339101670

New Mailing Address:

FEI Number: 20-0442084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKEY, JAMES
1160 NW 159TH DRIVE
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

MARTINEZ, JEANNINE
142 SW 50 STREET
CAPE CORAL, FL 33914 US

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: JEANNINE MARTINEZ

02/02/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MARTINEZ, JEANNINE M
Address: PO BOX 101670
City-St-Zip: CAPE CORAL, FL 339101670

Title: VP (X) Delete
Name: ESQUENAZI, JOEL J
Address: PO BOX 101670
City-St-Zip: CAPE CORAL, FL 339101670

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEANNINE MARTINEZ

PRES

02/02/2005

Electronic Signature of Signing Officer or Director

Date