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May 01, 2006 8:00 am
Secretary of State
05-01-2006 90330 042 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000043222

1. Entity Name
FLORIDIAN LENDING GROUP, INC.

Principal Place of Business	Mailing Address
2500 NW 97TH AVE ~~STE 201~~ MIAMI, FL 33172	2500 NW 97TH AVE ~~STE 201~~ MIAMI, FL 33172

40072233

04272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. # 200	Suite, Apt. #, etc. # 200
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
20-1297609
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEFANO, MARIA L 2500 NW 97TH AVE STE 201 MIAMI, FL 33172	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. ☐ Campaign Financing ☐ Political Party 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	PTD STEFANO, ANDRES M PTD 2500 NW 97TH AVE ~~STE 201~~ MIAMI, FL 33172	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition # 200
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD STEFANO, MARIA L VSD 2500 NW 97TH AVE ~~STE 201~~ MIAMI, FL 33172	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition # 200
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MAESTRI, REGLA VPD 2500 NW 97TH AVE STE 201 MIAMI, FL 33172	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition # 200
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		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 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 empowered.

SIGNATURE: _____ 4/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #