

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000043222 1. Entity Name FLORIDIAN LENDING GROUP, INC.	
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Principal Place of Business 2500 NW 97TH AVE SUITE 200 MIAMI, FL 33172	Mailing Address 2500 NW 97TH AVE SUITE 200 MIAMI, FL 33172
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04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
20-1297609Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****STEFANO, MARIA L
2500 NW 97TH AVE STE 201
MIAMI, FL 33172****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

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

(NOTE: Registered Agent signature required when resigning)

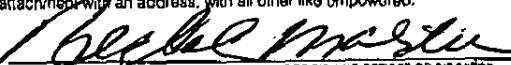
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution... ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	PTD
NAME	STEFANO, ANDRES M PTD
STREET ADDRESS	2500 NW 97TH AVE SUITE 200
CITY-STATE-ZIP	MIAMI, FL 33172
TITLE	VSD
NAME	STEFANO, MARIA L VSD
STREET ADDRESS	2500 NW 97TH AVE SUITE 200
CITY-STATE-ZIP	MIAMI, FL 33172
TITLE	VPD
NAME	MAESTRI, REGLA VPD
STREET ADDRESS	2500 NW 97TH AVE SUITE 200
CITY-STATE-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000751019
05/18/07-80086-012 150.00**DO NOT WRITE
IN THIS SPACE**

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone