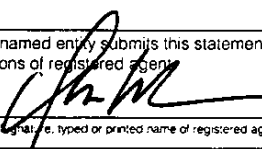


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90130 018 \*\*\*158.75

<b>DOCUMENT # P04000054127</b>					
1. Entity Name EQUITY LENDING GROUP, INC.					
Principal Place of Business 2780 SW 37 AVE SUITE 204 MIAMI, FL 33133			Mailing Address 2780 SW 37 AVE SUITE 204 MIAMI, FL 33133		
2. Principal Place of Business - No P.O. Box # <b>2780 SW 37 AVE</b>			3. Mailing Address <b>2780 SW 37 AVE</b>		
Suite, Apt. #, etc. <b># 100</b>			Suite, Apt. #, etc. <b># 100</b>		
City & State <b>MIAMI, FL</b>			City & State <b>MIAMI, FL</b>		
Zip <b>33133</b>		Country <b>USA</b>		4. FEI Number <b>20-0977598</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  VALENCIA, OSCAR 2780 SW 37 AVE SUITE 204 MIAMI, FL 33133			7. Name and Address of New Registered Agent  Name <b>OSCAR VALENCIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2780 SW 37 AVE SUITE 100</b> City <b>MIAMI</b> FL Zip Code <b>33133</b>		
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  <b>OSCAR VALENCIA</b> DATE <b>4/21/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 VALENCIA, OSCAR 2780 SW 37 AVE #204 MIAMI, FL 33133	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  <b>OSCAR VALENCIA</b>		DATE <b>4/21/08</b> 305-444-9800			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			