

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000070478

FILED  
Jan 02, 2007  
Secretary of State

Entity Name: NEW HORIZONS LENDING GROUP INC.

## Current Principal Place of Business:

815 NW 57 AVE  
SUITE 119  
MIAMI, FL 33126

## New Principal Place of Business:

## Current Mailing Address:

815 NW 57 AVE  
SUITE 119  
MIAMI, FL 33126

## New Mailing Address:

FEI Number: 20-1083087

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ACOSTA, YOSVANY  
815 NW 57 AVE  
SUITE 119  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ACOSTA, YOSVANY  
Address: 1581 BRICKELL AVE APT 703  
City-St-Zip: MIAMI, FL 33129

Title: V ( ) Delete  
Name: HIDALGO, ODALIS  
Address: 416 N.W. 58TH AVENUE  
City-St-Zip: MIAMI, FL 33126

Title: V (X) Delete  
Name: ADRIANA, FARELO VICEPRE  
Address: 9495 SUNSET DR # 235B  
City-St-Zip: MIAMI, FL 33173

Title: V (X) Delete  
Name: JORGE, TABARES VICEPRE  
Address: 2760 SW 14 ST  
City-St-Zip: MIAMI, FL 33145

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: JORGE, TABARES  
Address: 515 NW 57 AVE SUITE 119  
City-St-Zip: MIAMI, FL 33126

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 Chapter 119, 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: YOSVANY ACOSTA

P

01/02/2007

Electronic Signature of Signing Officer or Director

Date