

FILED
Jul 10, 2007 8:00 am
Secretary of State

07-10-2007 90007 016 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000081812

1. Entity Name
FINANCIAL LENDING SOLUTIONS, CORP.



40124085

Principal Place of Business
7312 WEST 20TH AVENUE
HIALEAH, FL 33016

Mailing Address
7312 WEST 20TH AVENUE
HIALEAH, FL 33016



07052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1200559

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, BARBARA B
7312 WEST 20TH AVENUE
HIALEAH, FL 33016

**DO NOT WRITE
IN THIS SPACE**

8. I, 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVD
GONZALEZ, BARBARA B
7312 WEST 20TH AVENUE
HIALEAH, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

**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:

[Handwritten Signature]

(786) 281-3330

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000081812

1. Entity Name
FINANCIAL LENDING SOLUTIONS, CORP.



Principal Place of Business
7312 WEST 20TH AVENUE
MIAMI, FL 33016

Mailing Address
7312 WEST 20TH AVENUE
MIAMI, FL 33016

ATTACHMENT

40124085

DO NOT WRITE

FINANCIAL LENDING SOLUTION CORP.
7312 W 20TH AVE.
MIAMI, FL 33016

DATE 2-7-07

2601

1-P

CR2E034 (11/05)

Applied For
Not Applicable

Additional
\$8.75 Additional
Fee Required

Pay to the Order of Florida Dept of State Division of Corporations \$150.00 Dollars

First Bank of Miami
1255 W. 49TH STREET
MIAMI, FL 33012

PAYEE P04000081812

WRITE
IN SPACE

I, the undersigned, certify that I am familiar with, and accept

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

TITLE	PVD
NAME	GONZALEZ, BARBARA B
STREET ADDRESS	7312 WEST 20TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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SIGNATURE: [Signature] 2-7-07 (786) 281-3330

STOP-PAYMENT ORDER

530002221

ATTACHMENT

40124085
P04 000081812

1. STOP-PAYMENT REQUEST

Financial Institution First Bank of Miami Received By Isailly FarellRequest Received ☐ In Person ☐ By Phone ☐ Date Received 07/05/2007 Time 12:08 MItem Number 2601 Item Dated Florida Dept. of State Divisio Item Payable To Florida Dept. of State Divisio Item Amount \$150.00Other Info. Drawer Missing Replacement Item Issued ☐ Yes ☒ No Number 530002221 Date 7/5/07Account Name Financial Lending Solution Corp
7312 West 20 Ave
Hialeah FL 33016Account Number 530002221 Fee \$*****

This Financial Institution and the undersigned agree to abide by the rules and regulations (as outlined in the Uniform Commercial Code) governing Stop-Payment Orders. Oral Stop-Payment Orders (including by phone) are binding for 14 CALENDAR DAYS ONLY, unless the Account Owner confirms the order by signing the proper form within the 14 day period. Properly signed Stop-Payment Orders are effective for 6 months after date received and will automatically expire after that period unless renewed in writing.

To be effective, the stop-payment request must be received in time to give us a reasonable chance to act on it.

NAME OF INITIATOR OF REQUEST Ruben Plovero
X AS AUTHORIZED SIGNATURE DATE 7/5/07 M.

II. RELEASE OF STOP-PAYMENT ORDER

RELEASE OF
STOP-PAYMENT ORDER

The above Stop-Payment Order is released as of the date shown below.

Date _____

Same Authorized Signer as
Appears on Stop PaymentRECORD OF RECEIPT OF
RELEASE OF STOP-PAYMENT ORDER

Release of the above Stop-Payment Order received on _____ at _____ M.

Signature of Representative of Financial Institution

III. FINANCIAL INSTITUTION USE

Tellers must verify receipt of the information described in Section I. Place your initials in the proper box and then forward this form to the next teller. When all tellers have been informed return this copy to the head teller.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40

☐ Notify Tellers that the above Stop-Payment Order has been released by following the

same procedure described above.

Signature of Representative of Financial Institution

ATTACHMENT

40124085

July 05, 2007

Divisions of Corporations

P.O. Box 6198

Tallahassee FL 32314

Re: P04000081812 Notice of Intent to Dissolve

Dear Sir/Madam:

After my CPA conversation with one of your representative, and following his instructions, attached herein please find the following:

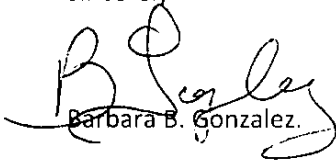
Copy of the previously submitted renewal application.

Copy of the stop payment of check # 2601 issue in your favor.

New application and new check to cover the renewal.

Hope this will take care of this matter, if you need any other information, do not hesitate to contact us.

Sincerely


Barbara B. Gonzalez.