

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000083976

1. Entity Name
INTEGRITY LENDING GROUP, INC.



Principal Place of Business
6355 NW 36 ST. SUITE 307
MIAMI, FL 33166

Mailing Address
6355 NW 36 ST. SUITE 307
MIAMI, FL 33166

APPROVED
AND
FILED

06 MAR -8 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1177860

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, CRISTHIAN M
7971 NW 114 COURT
MIAMI, FL 33178

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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
DP
RODRIGUEZ, CRISTHIAN M
7971 NW 114 COURT
DORAL, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
RODRIGUEZ, LETICIA M
7971 NW 114 COURT
DORAL, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100067990751
03/16/06--01059--017 **317.50

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IN THIS SPACE**

#150.00-AR
#8.75-CUS

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 #

CRISTHIAN RODRIGUEZ 1/5/06 786-265-8306