


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

01-19-2007 90032 050 ***150.00

DOCUMENT # P06000057172			
1. Entity Name EQUITY ONE LENDING GROUP, INC.			
Principal Place of Business 2300 N.E. 11TH STREET SUITE 1000 HALLANDALE, FL 33009		Mailing Address P.O. BOX 3604 HALLANDALE, FL 33008	
2. Principal Place of Business - No P.O. Box # 20801 BISCAYNE BLVD		3. Mailing Address	
Suite, Apt. #, etc. 4th Floor		Suite, Apt. #, etc.	
City & State Aventura Florida		City & State	
Zip 33180	Country U.S.A	Zip	Country
6. Name and Address of Current Registered Agent FREEDBERG, TODD 2300 N.E. 11TH STREET SUITE 1000 HALLANDALE, FL 33009		7. Name and Address of New Registered Agent Name: TODD Freedberg Street Address (P.O. Box Number is Not Acceptable): 20801 BISCAYNE BLVD 4th Floor City: Aventura FL Zip Code: 33180	
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: <i>Todd Freedberg Pres.</i> 1-15-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	President Todd Freedberg 20801 BISCAYNE BLVD 4th Floor Aventura FL 33180 <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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Todd Freedberg</i>		Date: 1-15-07 Daytime Phone #: 986-923-5918	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

