2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P06000068883 02-16-2007 90038 025 ***150.00 DZP LENDING GROUP, INC. Principal Place of Business Mailing Address **4581 WESTON ROAD 4581 WESTON ROAD** #122 004705 #122 WESTON, FL 33331 WESTON, FL 33331 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. 4, etc. 01292007 CR2E034 (12/06) Chg-P City & State City & State Applied For -5541676 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fatetann ESTEFANO, RODOLFO M Address (P.O. Box Number is No. 19161 SENECA AVENUE WESTON, FL 33332 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 familia the obligations (NOTE Registives Agent signature required when runstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete President Change Addition DILE TITLE Rodolfo M. Estefano ESTEFANO, RODOLFO M NAME 4581 Weston Road, #122 STREET ANORESS 19161 SENECA AVENUE STREET ADDRESS WESTON, FL 33332 CITY-ST-ZIP CITY-ST-ZIP Weston, FL 33331 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-71P TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP Defete THLE TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1- 7P CITY-ST-ZIP TITLE ☐ Delete DILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

G OFFICER OR CHRECTOR

FILED

Mar 12, 2007 8:00 am