2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 28, 2006 8:00 am Secretary of State **DOCUMENT # P98000023000** 03-06-2006 90007 041 ***150.00 PRIVATE LENDING, INC. Principal Place of Business Mailing Address 2903 SALZEDO STREET 2903 SALZEDO STREET CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 66007378 3. Mailing Address 2. Principal Place of Business Suite Ant. #. etc. Suite, Apt. #. etc. 02212008 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0838666 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES, FL 33134 Zip Code ant 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 reg SIGNATURE ped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulated when reinstating) 9. Election Campaign Financing FILE NOW!!!' FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. рउτઈ Delete TITLE PSTD TITLE Change Roque andres 2903 Salzedo Street ROQUE, ANDRES NAME NAME 2903 SALZEDO STREET STREET ADDRESS STREET ADDRESS. CORAL GABLES, FL 33134 CITY-ST-ZI CoralGables Delete TITLE ITILE Change ☐ Addition NALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE Detele NAME HEME STREET ADDRESS STREET ADDRESS CHY-ST-DP CITY-ST-ZIP Addition IME IITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Change TITLE Delete THILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with his 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 it made under oath; that I am an officer or director of the corporation or the receiver or to spee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 of changed, or on an attachment with a director of the corporation of the corpora SIGNATURE:

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED



ATTACHMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2006

PRIVATE LENDING, INC. 2903 SALZEDO STREET CORAL GABLES, FL 33134 US

Subject: PRIVATE LENDING, INC.

Reference Number:

P98000023000

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE ANNUAL REPORTS SECTION