## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 14, 2008 8:00 am Secretary of State

DOCUMENT # P98000102747  1. Entity Name FLORIDIAN LENDING, INC.						02-14-200	08 90023 02			
Principal Plac	e of Business	Mailing Address	·, · · · · · · · · · · · · · · · · · ·							
3295 W. 4TH AVE.		3295 W. 4TH AVE.			. ,				-	
HIALEAH, FL 33012		HIALEAH, FL 33012								
					1 104 (184) 118 (1					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		-						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02112008	Chg-P	CR2E0	34 (12/06)		
City & State		City & State	City & State		4. FEI Number 65-0882000			<u> </u>	Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of	Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of Nev	Registered A	gent		
		Name	Name Velkis Radiguez Diez-							
RODRIGUEZ, JUAN A 3295 W. 4TH AVE.			Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
HIALEAH, FL 33012			2							
			City	143 - 1	West	4111	HVE	Zip Code	3.55.17	
9 The chaus	nomed antity as baits this statement for	or the engineer of changing its re-	1	Yal	earl arbath	in the Ctote of	Decido Lomá		3012	
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 remistating) DATE										
FILE NOWIII FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
10.	OFFICERS AND		11.		ADDITIONS/C		FFICERS AND			
TITLE NAME	PD RODRIGUEZ, JUAN A	☐ Delete	TITLE NAME	Aic	e-Presi	dent		Change	Addition .	
STREET ADDRESS	3295 W. 4TH AVE.		STREET ADDRESS	リ	ion A.	Many	<i>الل</i> ا يك			
CITY-ST-ZIP	HIALEAH, FL 33012		CATY-ST-ZIP	二代	412 M 621		33612			
TITLE	STD	☐ Delete	TATLE	,		ι,		☐ Change	☐ Addition	
NAME STREET ADDRESS	MACIAS, VIVIAN 3295 W. 4TH AVE.		NAME ATTICKT LODGEGO							
CITY-ST-ZIP	3295 W. 41H AVE. HIALEAH, FL 33012		STREET ADDRESS CITY-ST-ZIP							
TITLE	VPD	☐ Delete	TITLE	200	Sident			E Change	☐ Addition	
NAME	RODRIGUEZ, VELKIS	□ Delete	NAME	101	sident kis Rodi	301102	DIEZ	(F) Olympic		
STREET ADDRESS	3295 W. 4TH AVE.		STREET ADDRESS	270	15 West	r-in-th	Aire-			
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP	ندر	and and	<u> </u>	33012			
TITLE		☐ Delete	TITLE	1100		, 11.	J	☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TILE		☐ Delete	TITLE					☐ Change	Addition	
NAME			NAME							
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP	·		CITY-ST-ZIP						<u></u>	
TITLE NAME		☐ Delete	TITLE NAME					☐ Change	Addition i	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP	<u>'</u>	<u> </u>	CITY-ST-ZIP				·			
12. I hereby o	certify that the information supplied with	this filing does not qualify for the	ne exemptions c	ontained	d in Chapter 119,	Florida Statutes	s. I further certi	ify that the in	nformation or director	
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: 2/11/2008 305-885-4646										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR POST OF Date Dayone Phone #										
Veikis Koanguez Diez, Trestanti										