2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000003515

1. Entity Name
CONSUMER CREDIT CONSULTANTS, INC.

Principal Place of Business	Mailing Address
8280 FLORENCE AVE SUITE #100 DOWNEY, CA 90240	8280 FLORENCE AVE SUITE #100 DOWNEY, CA 90240

DO NOT WRITE IN THIS SPACE

04112006 No Chg-NP CR2E037 (11/05)

4. FEI Number
91-1865681
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE
350 CORP WAY SUITE 300
ORANGE PARK, FL 32073

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOMEZ, JOSEPH A
STREET ADDRESS	8509 VILLAVERADE
CITY-ST-ZIP	WHITTER, CA 90616
TITLE	VS
NAME	VERA, MARIA
STREET ADDRESS	9925 HILDRETH AVE
CITY-ST-ZIP	SOUTH GATE, CA 90280
TITLE	T
NAME	HINOSTROZA, ANDRES A
STREET ADDRESS	8415 BORSON ST
CITY-ST-ZIP	DOWNY, CA 90242
TITLE	C
NAME	ESTRADA, MARIA
STREET ADDRESS	5281 MCCOMBER RD
CITY-ST-ZIP	BUENA PARK, CA 90621
TITLE	VC
NAME	HERRERA, ART
STREET ADDRESS	8429 DONOVAN ST
CITY-ST-ZIP	DOWNEY, CA 90242
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000560908
-05/18/06-80053-005 70.00

DO NOT WRITE IN THIS SPACE

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 617, 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: _____ ANDRES A. HINOSTROZA 04-21-06 (562)622 9202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #