2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2004
Secretary of State

DOCUMENT# P03000020814

Entity Name: CONSUMER CREDIT SERVICES OF AMERICA, INC.

Current Principal Place of Business:

300 71 STREET
520
MIAMI BEACH, FL 33141 US

New Principal Place of Business:

300 71 STREET
527
MIAMI BEACH, FL 33141 US

Current Mailing Address:

300 71 STREET
520
MIAMI BEACH, FL 33141 US

New Mailing Address:

300 71 STREET
527
MIAMI BEACH, FL 33141 US

FEI Number: 47-0910606 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FONTALVO, CLAUDIA P
300 71 STREET
520
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

ANADOLIAN, GARO G
300 71 STREET
527
MIAMI BEACH, FL 33141 US

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.

SIGNATURE: GARO G. ANADOLIAN 04/18/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Change (X) Addition
Name: FONTALVO, CLAUDIA P
Address: 300 71 STREET, SUITE 527
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: VPD ( ) Change (X) Addition
Name: BOHL, GREG S
Address: 300 71 STREET, SUITE 527
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: SD ( ) Change (X) Addition
Name: CARMICHAEL, TAMI L
Address: 300 71 STREET, SUITE 527
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: TD ( ) Change (X) Addition
Name: WEINSTEIN, DAVID R
Address: 300 71 STREET, SUITE 527
City-St-Zip: MIAMI BEACH, FL 33141 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA P. FONTALVO PD 04/18/2004
Electronic Signature of Signing Officer or Director Date