

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Mar 15, 2006  
Secretary of State**

DOCUMENT# P03000132906

Entity Name: SOLORZANO CREDIT SERVICES, INC.

**Current Principal Place of Business:**

443 NE CAMPBELL DRIVE  
HOMESTEAD, FL 33030 US

**New Principal Place of Business:**

**Current Mailing Address:**

443 NE CAMPBELL DRIVE  
HOMESTEAD, FL 33030 US

**New Mailing Address:**

FEI Number: 20-2508772      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SOLORZANO, DOUGLAS  
443 NE CAMPBELL DRIVE  
HOMESTEAD, FL 330304711 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: SOLORZANO, DOUGLAS  
Address: 443 NE CAMPBELL DRIVE  
City-St-Zip: HOMESTEAD, FL 33030 US

Title: VP ( ) Delete  
Name: SOLORZANO, CHRISTINA M  
Address: 443 NE CAMPBELL DRIVE  
City-St-Zip: HOMESTEAD, FL 33030 US

Title: TREA ( ) Delete  
Name: KUSTER, MERCEDES  
Address: 443 NE CAMPBELL DRIVE  
City-St-Zip: HOMESTEAD, FL 33030 US

Title: SEC (X) Delete  
Name: TINOCO, YESSENIA  
Address: 443 NE CAMPBELL DRIVE  
City-St-Zip: HOMESTEAD, FL 33030 US

Title: OFF (X) Delete  
Name: MUNIZ, MYRIAM  
Address: 443 NE CAMPBELL DRIVE  
City-St-Zip: HOMESTEAD, FL 33030 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DOUGLAS SOLORZANO

PRES

03/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date