

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000075101

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Entity Name:** CREDIT PROFESSIONAL GROUP INC

**Current Principal Place of Business:**

9896 SW 161 AVE  
MIAMI, FL 33196

**New Principal Place of Business:**

12724 SW 209 LN  
MIAMI, FL 33177

**Current Mailing Address:**

P.O BOX 650249  
MIAMI, FL 33265

**New Mailing Address:**

**FEI Number:** 27-3449654

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUINTERO, LEYSI  
9896 SW 161 AVE  
MIAMI, FL 33196 US

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

QUINTERO, LEYSI  
12724 SW 209 LN  
MIAMI, FL 33177 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:

02/28/2012

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: QUINTERO, LEYSI  
Address: 12724 SW 209 LN  
City-St-Zip: MIAMI, FL 33177

Title: VP  
Name: QUINTERO, LEYSI  
Address: 12724 SW 209 LN  
City-St-Zip: MIAMI, FL 33177

I hereby 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 all other like empowered.

SIGNATURE: LEYSI QUINTERO

P

02/28/2012

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

\_\_\_\_\_  
Date