

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005641

**FILED**  
**Mar 11, 2013**  
**Secretary of State**  
**CC8015461345**

**Entity Name:** 123 CREDIT COUNSELORS, INC.

**Current Principal Place of Business:**

6161 BLUE LAGOON DRIVE  
255  
MIAMI, FL 33126

**Current Mailing Address:**

6161 BLUE LAGOON DRIVE  
255  
MIAMI, FL 33126

**FEI Number:** 20-3351880

**Certificate of Status Desired:** No

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

GARCIA, RICHARD A  
6161 BLUE LAGOON DRIVE  
255  
MIAMI, FL 33126 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:**

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

**Officer/Director Detail :**

Title T  
Name GARCIA, RICHARD A  
Address 6161 BLUE LAGOON DRIVE #255  
City-State-Zip: MIAMI FL 33126

Title P  
Name GARCIA, ELIZABETH  
Address 6161 BLUE LAGOON DRIVE #255  
City-State-Zip: MIAMI FL 33126

Title D  
Name DIAZ, LUIS  
Address 6161 BLUE LAGOON DRIVE #255  
City-State-Zip: MIAMI FL 33126

Title D  
Name PFEIFER, TIFFANY  
Address 6161 BLUE LAGOON DRIVE #255  
City-State-Zip: MIAMI FL 33126

Title T  
Name PFEIFER, TIFFANY  
Address 6161 BLUE LAGOON DRIVE #255  
City-State-Zip: MIAMI FL 33126

Title D  
Name GALLOR, ROLAND  
Address 5311 SE 184 WAY  
City-State-Zip: MIRAMAR FL 33029

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELIZABETH N GARCIA

**PRESIDENT**

**03/11/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date