

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000075101

**Entity Name:** CREDIT PROFESSIONAL GROUP INC

**Current Principal Place of Business:**

12724 SW 209 LN  
MIAMI, FL 33177

**Current Mailing Address:**

P.O BOX 650249  
MIAMI, FL 33265

**FEI Number:** 27-3449654

**Certificate of Status Desired:** No

**Name and Address of Current 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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

**PRESIDENT**

**04/30/2014**

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

\_\_\_\_\_  
Date