DOCUMENT# F1400003521 Entity Name: CONSUMER CREDIT COUNSELING SERVICE OF PUERTO RICO, INC.

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

8751 COMMODITY CIRCLE SUITE 6 ORLANDO, FL 32819

Current Mailing Address:

8751 COMMODITY CIRCLE SUITE 6 ORLANDO, FL 32819 US

FEI Number: 66-0471799

Name and Address of Current Registered Agent:

THE PCB FIRM, P.A. 219 N. MAGNOLIA AVENUE ORLANDO, FL 32801 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	EURIBIADES CERRUD II, ESQ.	C C		04/13/2021		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	CHAIRMAN	Title	DIRECTOR			
Name	LLOMPART, RAFAEL	Name	CESTERO, JOSE R			
Address	PO BOX 12383	Address	PO BOX 11922			
City-State-Zip:	SAN JUAN 00914-0383	City-State-Zip:	SAN JUAN 00922-1922			
Title	PRESIDENT	Title	TREASURER			
Name	ALONSO, EUGENIO M	Name	PEREZ, PABLO J			
Address	COND LUCHETTI PARK 1302 CALLE LUCHETTI	Address	PMB 141 35 JUAN C BORBON SUITE 67			
City-State-Zip:	SAN JUAN 00907	City-State-Zip:	GUAYNABO 00989			
Title	SECRETARY	Title	VC			
Name	PADIN, CARLOS	Name	MENDEZ, WILLIAM D			
Address	PO BOX 3030	Address	PO BOX 1056			
City-State-Zip:	GURABO 00778-3030	City-State-Zip:	ARECIBO 00613-1056			
Title	DIRECTOR	Title	DIRECTOR			
Name	RIVERA, EDAN	Name	MALDONADO, FELICITA			
Address	PO BOX 41059 ESTACION MINILLAS	Address	2356 CALLE LAS MERCEDES CANTERA			
City-State-Zip:	SAN JUAN 00940-1059	City-State-Zip:	SAN JUAN 00915			

Continues on page 2

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: ALBA N TORRES

OPERATIONS & SYSTEMS 04/13/2021 MANAGER

Electronic Signature of Signing Officer/Director Detail

FILED Apr 13, 2021 Secretary of State 3003778122CC

Certificate of Status Desired: No

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR	
Name	RIVERA, JORGE	Name	MORALES, RUBEN	
Address	PO BOX 1932	Address	VEGA COOP	
City-State-Zip:	SAN JUAN 00919	City-State-Zip:	PO BOX 1078 VEGA ALTA 00692	
Title	OFFICER, OPERATIONS & SYSTEMS MANAGER	Title	OFFICER, EDUCATION & COMMUNITY OUTREACH MANAGER	
Name	TORRES, ALBA N	The		
Address	633 CALLE FELIPE GUTIERREZ	Name	OTERO, YESENIA	
City-State-Zip:		Address	PO BOX 8908	
		City-State-Zip:	SAN JUAN 00910	
Title	DIRECTOR	Title	DIRECTOR RUIZ-BUNKER, ROSA	
Name	MELERO, CARMEN	Name		
Address	PO BOX 362708	Address	1701 SOUTH SEMORAN BLVD	
City-State-Zip:	SAN JUAN PR 00936-2708			
		City-State-Zip:	ORLANDO FL 32822	
Title	DIRECTOR			
Name	GONZALEZ, PEDRO			
Address	PO BOX 9020032			

City-State-Zip: SAN JUAN PR 00902-0032