

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000003521

**Entity Name:** CONSUMER CREDIT COUNSELING SERVICE OF PUERTO RICO, INC.**FILED**  
**Apr 20, 2022**  
**Secretary of State**  
**4889446486CC****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****Certificate of Status Desired: No****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.**04/20/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CHAIRMAN
Name	LLOMPART, RAFAEL
Address	PO BOX 12383
City-State-Zip:	SAN JUAN 00914-0383

Title	DIRECTOR
Name	CESTERO, JOSE R
Address	PO BOX 11922
City-State-Zip:	SAN JUAN 00922-1922

Title	PRESIDENT
Name	ALONSO, EUGENIO M
Address	COND LUCHETTI PARK 1302 CALLE LUCHETTI
City-State-Zip:	SAN JUAN 00907

Title	TREASURER
Name	PEREZ, PABLO J
Address	PMB 141 35 JUAN C BORBON SUITE 67
City-State-Zip:	GUAYNABO 00989

Title	SECRETARY
Name	PADIN, CARLOS
Address	PO BOX 3030
City-State-Zip:	GURABO 00778-3030

Title	VC
Name	MENDEZ, WILLIAM D
Address	PO BOX 1056
City-State-Zip:	ARECIBO 00613-1056

Title	DIRECTOR
Name	RIVERA, EDAN
Address	PO BOX 41059 ESTACION MINILLAS
City-State-Zip:	SAN JUAN 00940-1059

Title	DIRECTOR
Name	MALDONADO, FELICITA
Address	2356 CALLE LAS MERCEDES CANTERA
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:** TORRES, ALBA N**OPERATIONS & SYSTEMS 04/20/2022**  
**MANAGER**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name RIVERA, JORGE  
Address PO BOX 1932  
City-State-Zip: SAN JUAN 00919

Title OFFICER, OPERATIONS & SYSTEMS MANAGER  
Name TORRES, ALBA N  
Address URB. VILLA PRADES  
633 CALLE FELIPE GUTIERREZ  
City-State-Zip: SAN JUAN 00924

Title DIRECTOR  
Name MELERO, CARMEN  
Address PO BOX 362708  
City-State-Zip: SAN JUAN PR 00936-2708

Title DIRECTOR  
Name GONZALEZ, PEDRO  
Address PO BOX 9020032  
City-State-Zip: SAN JUAN PR 00902-0032

Title DIRECTOR  
Name MORALES, RUBEN  
Address VEGA COOP  
PO BOX 1078  
City-State-Zip: VEGA ALTA 00692

Title OFFICER, EDUCATION & COMMUNITY  
OUTREACH MANAGER  
Name OTERO, YESENIA  
Address PO BOX 8908  
City-State-Zip: SAN JUAN 00910

Title DIRECTOR  
Name RUIZ-BUNKER, ROSA  
Address 1701 SOUTH SEMORAN BLVD  
City-State-Zip: ORLANDO FL 32822