


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 433504</b> 1. Entity Name <b>AMERICA CREDESK, INC.</b>	
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Principal Place of Business <b>75 EAST 13TH ST HIALEAH, FL 33010</b>	Mailing Address <b>75 EAST 13TH ST HIALEAH, FL 33010</b>
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04162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1478881</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FIGUEROA, RUBEN  
75 EAST 13 STREET  
HIALEAH, FL 33010**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIGUEROA, RUBEN 75 E 13TH ST HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGUEROA, CRISTINA 75 E 13TH ST HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FIGUEROA, CRISTINA 75 E 13TH ST HIALEAH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000713225  
04/26/07-80081-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter, 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Ruben Figueroa*  
**Ruben Figueroa**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Pres.

**4/16/07**

Date

**305-885-3793**

Daytime Phone #