

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90010 041 ****70.00

DOCUMENT # F05000003515

1. Entity Name
CONSUMER CREDIT CONSULTANTS, INC.



Principal Place of Business
**8280 FLORENCE AVE SUITE #100
STE 210
DOWNEY, CA 90240**

Mailing Address
**8280 FLORENCE AVE SUITE #100
STE 210
DOWNEY, CA 90240**

40019203



01292008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
91-1865681

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JOSE
350 CORP WAY SUITE 300
ORANGE PARK, FL 32073**

**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 reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2008**

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 GOMEZ, JOSEPH A 8509 VILLAVERADE WHITTER, CA 90616
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS VERA, MARIA 9925 HILDRETH AVE SOUTH GATE, CA 90280
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HINOSTROZA, ANDRES A 8415 BORSON ST DOWNY, CA 90242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C ESTRADA, MARIA 5281 MCCOMBER RD BUENA PARK, CA 90621
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC HERRERA, ART 8429 DONOVAN ST DOWNEY, CA 90242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/04/08