

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F24639

FILED
Apr 23, 2007
Secretary of State

Entity Name: CREDIT CARD CONSULTANTS, INC.

Current Principal Place of Business:

13396 SW 128 ST.
MIAMI, FL 33186

New Principal Place of Business:

13392 SW 128 ST.
MIAMI, FL 33186

Current Mailing Address:

13396 SW 128 ST.
MIAMI, FL 33186

New Mailing Address:

13392 SW 128 ST.
MIAMI, FL 33186

FEI Number: 59-2594341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANUEL E ORTIZ
13396 SW 128 ST.
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

MANUEL E ORTIZ
13392 SW 128 ST.
MIAMI, FL 33186 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:

04/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: ORTIZ, JEANETTE PERE, Z
Address: 1451 S MIAMI AVE
City-St-Zip: MIAMI, FL 00000,

Title: DP () Delete
Name: ORTIZ, MANUEL,
Address: 1451 S MIAMI AVE
City-St-Zip: MIAMI, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MANUEL E. ORTIZ

DP

04/23/2007

Electronic Signature of Signing Officer or Director

Date