2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025432

Entity Name: CREDIT SOLUTIONS AND FINANCIAL SERVICES LLC

Current Principal Place of Business:	**New Principal Place of Business:**
8180 NW 36 STREET 419 MIAMI, FL 33166	

Current Mailing Address:	**New Mailing Address:**
8180 NW 36 STREET 419 MIAMI, FL 33186	

FEI Number: 20-0110870   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
PEREYRA, INGRID S MRS 8180 NW 36 STREET 419 MIAMI, FL 33166 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: _____

        Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete		Title:	PD (X) Change ( ) Addition
Name:	PEREYRA, INGRID S		Name:	PEREYRA, INGRID S
Address:	8180 NW 36 ST, STE 419		Address:	8180 NW 36 ST, STE 419
City-St-Zip:	MIAMI, FL 33166		City-St-Zip:	MIAMI, FL 33166
Title:	MGR ( ) Delete		Title:	MGR (X) Change ( ) Addition
Name:	RAMIREZ, JORGE E MR		Name:	RAMIREZ, JORGE
Address:	8180 NW 36 STREET SUITE 419		Address:	8180 NW 36 STREET SUITE 419
City-St-Zip:	MIAMI, FL 33166		City-St-Zip:	MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: INGRID S PEREYRA   PD   05/02/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date