

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008142

FILED
Apr 17, 2009
Secretary of State

Entity Name: PREMIER CONSUMER CREDIT COUNSELING, INC.

Current Principal Place of Business:

1790 W 49 STREET STE 203
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

1790 W 49 STREET STE 203
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 71-0912082

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLEN, JUAN G
1790 WEST 49 STREET SUITE 203
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: GLEN, JUAN G
Address: 1790 WEST 49 STREET SUITE 203
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: DEL REY, ORLANDO
Address: 1790 WEST 49 STREET SUITE 203
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: LAINO, MARIELA
Address: 1790 WEST 49 STREET SUITE 203
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: GLEN, JUAN G
Address: 1790 WEST 49 STREET SUITE 203
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN G. GLEN

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date