

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006176

FILED  
Feb 03, 2006  
Secretary of State

Entity Name: CREDIT COUNSELING OF MIAMI, INC.

**Current Principal Place of Business:**

7590 NW 186TH ST SUITE 206  
MIAMI, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

7590 NW 186TH ST SUITE 206  
MIAMI, FL 33015

**New Mailing Address:**

FEI Number: 20-3072727

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PEREZ, DAVID T  
7590 NW 186TH ST SUITE 206  
MIAMI, FL 33015 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: D ( ) Delete  
Name: RILEY-HERNANDEZ, SHANNON  
Address: 8340 NW 167TH TERRACE  
City-St-Zip: MIAMI LAKES, FL 33016

Title: D ( ) Delete  
Name: GREENWOOD, JASON E  
Address: 2901 DAY AVE  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: ROSARIO, LISA M  
Address: 2901 DAY AVE  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: RILEY-HERNANDEZ, SHANNON  
Address: 15794 NW 24TH ST  
City-St-Zip: PEMBROKE PINES, FL 33028

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

SIGNATURE: SHANNON RILEY- HERNANDEZ

D

02/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date