


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90061 008 ***150.00

DOCUMENT # P00000093895	
1. Entity Name CREDIT BUREAU SERVICES, INC.	

Principal Place of Business 3645 N. FEDERAL HWY. #60 FT. LAUDERDALE, FL 33306	Mailing Address 3645 N. FEDERAL HWY. #60 FT. LAUDERDALE, FL 33306
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2. Principal Place of Business - No P.O. Box # 3503 N. Dixie Hwy Suite, Apt. #, etc.	3. Mailing Address 3503 N. Dixie Hwy Suite, Apt. #, etc.
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City & State Oakland Park FL	City & State Oakland Park FL
Zip 33334	Zip 33334
Country USA	Country USA



01072008 Chg-P CR2E034 (12/06)

4. FEI Number 52-2272289	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NAIMOLI, KIM A 1400 BAYVIEW DR., #2 FT. LAUDERDALE, FL 33304	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAIMOLI, KIM A 1400 BAYVIEW DR., #2 FT. LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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:  **Kim A. Naimoli** 1-7-08 954-561-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #