

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000083582

FILED
Apr 25, 2004
Secretary of State

Entity Name: CREDIT REPAIR PROFESSIONAL SOLUTIONS, INC.

Current Principal Place of Business:

11370 SW 144 PATH
MIAMI, FL 33186

New Principal Place of Business:

10661 NORTH KENDALL DRIVE
226
MIAMI, FL 33176

Current Mailing Address:

11370 SW 144 PATH
MIAMI, FL 33186

New Mailing Address:

10661 NORTH KENDALL DRIVE
226
MIAMI, FL 33176

FEI Number: 56-2284409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAMBRANO, MARIEN C
11370 SW 144 PATH
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

CASTILLO, MARIEN C
11370 SW 144 PATH
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: MARIEN CASTILLO

04/25/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GONZALEZ, SANDRA
Address: 8363 LAKE DRIVE, H305
City-St-Zip: MIAMI, FL 33166

Title: VD () Delete
Name: ZAMBRANO, MARLEN C
Address: 11370 SW 144 PATH
City-St-Zip: MIAMI, FL 33186

Title: TD () Delete
Name: GONZALEZ, RAUL
Address: 8363 LAKE DRIVE, H305
City-St-Zip: MIAMI, FL 33166

Title: SD () Delete
Name: CASTILLO, CHARLES A
Address: 11370 SW 144 PATH
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: CASTILLO, MARIEN C
Address: 11370 SW 144 PATH
City-St-Zip: MIAMI, FL 33186

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 Section 119.07(3)(i), 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: MARIEN CASTILLO

VD

04/25/2004

Electronic Signature of Signing Officer or Director

Date