

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000083582

FILED  
Sep 27, 2006  
Secretary of State

**Entity Name:** CREDIT REPAIR PROFESSIONAL SOLUTIONS, INC.

**Current Principal Place of Business:**

10661 NORTH KENDALL DRIVE 226  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

11370 SW 144 PATH  
MIAMI, FL 33186

**New Mailing Address:**

**FEI Number:** 56-2284409

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASTILLO, MARIEN C  
11370 SW 144 PATH  
MIAMI, FL 33186 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: MARIEN CASTILLO

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GONZALEZ, SANDRA  
Address: 10661 NORTH KENDALL DRIVE 226  
City-St-Zip: MIAMI, FL 33176

Title: VD ( ) Delete  
Name: CASTILLO, MARIEN C  
Address: 10661 NORTH KENDALL DRIVE 226  
City-St-Zip: MIAMI, FL 33176

Title: TD ( ) Delete  
Name: GONZALEZ, RAUL  
Address: 10661 NORTH KENDALL DRIVE 226  
City-St-Zip: MIAMI, FL 33176

Title: SD ( ) Delete  
Name: CASTILLO, CHARLES  
Address: 10661 NORTH KENDALL DRIVE 226  
City-St-Zip: MIAMI, FL 33176

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

SIGNATURE: SANDRA GONZALEZ

PD

09/27/2006

Electronic Signature of Signing Officer or Director

Date