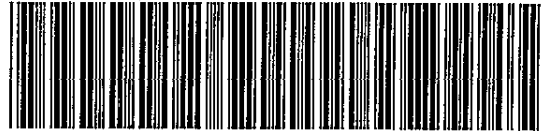


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DOUBA CREDIT

1835 E. HALLANDALE BOY BLVD #199  
HALLANDALE FL 33009



700023755857

(Address)



PICK-UP



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/18/03  
Amendment  
of

**ARTICLES OF AMENDMENT**

**OF**

**DOCTOR CREDIT REPAIR, INC.**

FILED  
03 NOV 17 AM 11:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned director(s), for the purpose of amending the articles of incorporation under the Florida Business Corporation Act, hereby adopt(s) the following amendments to the Articles of Incorporation.

**ARTICLE II:**

- 1. Amend Article:** To change the address of the corporation to:

1835 East Hallandale Beach Blvd.  
Suite 199  
Hallandale Beach, Florida 33009

**ARTICLE V:**

- 2. Amend Article:** To delete the name of Eran Zmora as the registered agent and officer and to add the name of Mendel Arkin as President and registered agent of the corporation.

Amendment adopted October 21, 2003.

Amendment was adopted by the board of directors without shareholder action. Shareholder action was not required pursuant to the provisions of Florida Statutes 607.1002.



Mendel Arkin, President

The undersigned has executed these Articles of Amendment this 21 day of October 2003.



Mendel Arkin, Director

**CERTIFICATE OF DESIGNATION**

**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation  
Organized under the laws of the State of Florida, submits the following statement in designating  
the registered agent, in the State of Florida.

1. The name of the corporation is:

Doctor Credit Repair, Inc.

2. The name and address of the registered agent is:

Mendel Arkin

1835 East Hallandale Beach Blvd. # 199

Hallandale Beach, Florida 33009



\_\_\_\_\_  
President

\_\_\_\_\_  
10/21/2003

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE ON  
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN  
THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT  
AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE  
PROVISIONS OF ALL STATUTES RELATING TO PROPER AND COMPLETE  
PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE  
OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
10/21/2003