## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 13, 2004 8:00 am Secretary of State 04-28-2004 90166 028 \*\*\*150.00

DOCUMENT # P03000046020  1. Entity Name THE CREDIT REPAIR LAW FIRM CHARTERED							01202	20017010	0 020	130.00
			ailing Address	·						
	ALE, FL 33312	F	T LAUDERDALE, FL 3	3312		 	IFER 1117 <b>18</b> 71 <b>18</b> 01 <b>18</b> 01		100 NO N 177	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04212004	Chg-P	CR2E034	<u> </u>	
City & State			City & State  Zip Country			4. FEI Number	59.3772		No	olied For Applicable
Zip	Country		Zip	COLLI	μ <b>y</b>		f Status Desired	Fee	Required	
	6. Name and Addre	35 OF CRUENT HEYE	neved Agent		Name	7. Name and A	COURSS OF IVEW I	edistereo vac		•
HAGEN, KEVIN L 3531 GRIFFIN ROAD DANIA, FL 33312					Street Address (	P.O. Box Number	is Not Acceptable	o) — — — — — — — — — — — — — — — — — — —		
	<b>3</b>				City			FL	Zip Code	1
	named entity submits the	·	· · · · · · · · · · · · · · · · · · ·				, in the State of Fk	1/21/6		and accept
	Signature, typed or print of runne	of regestered against and side	#applicable (NOT)	: Registere	d Agent signature required	d when reinerz(ing)		DATE		
FIL After M	E NOW!!! FEE'[S \$ ay 1, 2004 Fee wil	\$150.00 II be \$550.00	9. Election Campa Trust Fund Cont			.00 May Be led to Fees	٠.			
10.		FFICERS AND DIRE		11.		ADDITIONS/C	HANGES TO OFF			
NAME STREET ADDRESS	PSD HAGEN, K.L. 3529 GRIFFIN ROA		☐ Delete		E ET ADDRESS				] Change	Addition (
CITY-ST-ZIP	FT LAUDERDALE, I	FL 33312	☐ Delete	Trit	- ST- ZIP				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP					E ET ADORESS - ST-ZIP					
MLE			☐ Delete	TITU		<del></del>			] Change	☐ Addition
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TITLE NAME		<u> </u>	Delate	FiTL NAV	-				Change	Addition
STREET ADDRESS CITY-SI-ZIP				STRI CITY	EET ADDRESS -ST-ZIP		\		····	
. 12. I hereby indicated of the co changed	certify that the information of on this report or supplet reporation or the receiver t, or on an attachment with	on supplied with this mental report is true or trustee empowers then address with a	filing does not qualify fo and accurate and that re and to execute this report all other like empowered	r the exe ny signa as requ	emption stated in Se iture shall have the ired by Chapter 60	ection 119.07(3)(i) same legal effect 7, Florida Statutes	, Florida Statutes, as if made under ; and that my nam	I further certify oath; that I am le appears in B	that the ir an officer lock 10 or	nformation or director Block 11 if
SIGNAT	TURE:	1/s'-	P. C. D. NAME OF SIGNING OFFICER	OB NAME	TO-		4/24/04	954	2416	584
ſ	SICHATUR	IL MILE PT PED UN PRINTE	PROMISE OF SIGNAM OFFICER	AL RIVER	100		LIBRE	L-dryh	THE PROPERTY.	