

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 02, 2004 8:00 am**  
**Secretary of State**

09-02-2004 90074 025 \*\*\*150.00

**DOCUMENT # P03000049612**

1. Entity Name

CREDIT REPAIR SOLUTIONS SERVICES INC.



Principal Place of Business

915 NW 1 AVE  
H1911  
MIAMI FL 33136

Mailing Address

915 NW 1 AVE  
H1911  
MIAMI FL 33136

54071512



MOORE

CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

42-1590715

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOHR, HUGO E  
915 NW 1 AVE  
H1911  
MIAMI FL 33136

Name

Street Address (P.O. Box Number is Not Acceptable)

2140 WEST PALM BLVD SUITE 101  
MIAMI FL 33135

City

FL

Zip Code

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 \$550.00**  
**DUE BY September 8, 2004**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME MOHR, HUGO E  
STREET ADDRESS 915 NW 1 AVE APT H1911  
CITY-ST-ZIP MIAMI FL 33136

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☒ Delete  
NAME PALACIO, MARIA A  
STREET ADDRESS 915 NW 1 AVE APT H1911  
CITY-ST-ZIP MIAMI FL 33136

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/30/04 (786) 6216224

Attachment 54071512  
# P03000049612

Credit Repair Solutions Services  
915 NW 1 AVE # h1911  
Miami FL 33136

Division of Corporations  
Annual Report Section  
P.O. Box 6850  
Tallahassee, FL 32314

To Whom It May Concern,

Be advice that on April 10, 2004 I sent a Check of \$150 as payment of my annual report (check number 1062) but you did not charge that money, the check was lost by Post office.

I have enclosed a new check of \$150 as payment of my annual report.

Sincerely,  
Hugo Mohr

