

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000132906

FILED
Feb 23, 2004
Secretary of State

Entity Name: SOLORZANO CREDIT SERVICES, INC.

Current Principal Place of Business:

15300 SW 284TH STREET
SUITE 14
HOMESTEAD, FL 33033

New Principal Place of Business:

1452 N. KROME AVENUE
SUITE 102-J
HOMESTEAD, FL 33034

Current Mailing Address:

PO BOX 901793
HOMESTEAD, FL 33090

New Mailing Address:

FEI Number: 54-2093737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOLORZANO CREDIT REPAIR
PO BOX 901793
HOMESTEAD, FL 33090 US

Name and Address of New Registered Agent:

SOLORZANO, CHRISTINA
1452 N. KROME AVENUE
SUITE 102-J
HOMESTEAD, FL 33034 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: CHRISTINA SOLORZANO

02/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: SOLORZANO, CHRISTINA
Address: 1452 N. KROME AVENUE, SUITE 102-J
City-St-Zip: HOMESTEAD, FL 33034

Title: OFF. () Change (X) Addition
Name: MARTIN, DOUGLAS
Address: 1452 N. KROME AVENUE, SUITE 102-J
City-St-Zip: HOMESTEAD, FL 33034

Title: SEC. () Change (X) Addition
Name: KUSTER, MERCEDES
Address: 1452 N. KROME AVENUE, SUITE 102-J
City-St-Zip: HOMESTEAD, FL 33034

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: CHRISTINA SOLORZANO

PRES

02/23/2004

Electronic Signature of Signing Officer or Director

Date