2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000132906

Entity Name: SOLORZANO CREDIT SERVICES. INC

FILED Aug 23, 2005 Secretary of State

Entity Nai	me: SULURZ	ANO CREDIT SERVICES, INC).			
Current Principal Place of Business:			New Principal Place of Business:			
333 NE CAMPBELL DRIVE SUITE 102			333 NE CA SUITE 201	AMPBELL DRIVE		
	EAD, FL 33030) US		EAD, FL 33030 US		
Current Mailing Address:			New Mailing Address:			
	MPBELL DRI	/E				
SUITE 201 HOMESTE	EAD, FL 33030) US				
FEI Number:	: 54-2093737	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()		
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:		
333 NE CA SUITE 201 HOMESTE	EAD, FL 33030	VE 04711 US				
	named entity: e of Florida.	submits this statement for the p	ourpose of changing i	its registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electror	nic Signature of Registered Age	ent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SOLORZANO,	BELL DRIVE SUITE 201	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	MARTIN, DOUG	BELL DRIVE SUITE 201	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition SOLORZANO, DOUGLAS M 333 NE CAMPBELL DRIVE SUITE 201 HOMESTEAD, FL 33034 US		
Title: Name: Address: City-St-Zip:	KUSTER, MER	BELL DRIVE SUITE 201	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	TINOC, YESSE	BELL DRIVE SUITE 201	Title: Name: Address: City-St-Zip:	SEC (X) Change () Addition TINOCO, YESSENIA 333 NE CAMPBELL DRIVE SUITE 201 HOMESTEAD, FL 33030 US		
Title: Name: Address: City-St-Zip:	S. C. S., INC.,	Delete BELL DRIVE SUITE 201 FL 33030 US	Title: Name: Address: City-St-Zip:	OFF (X) Change () Addition MUNIZ, MYRIAM 333 NE CAMPBELL DRIVE SUITE 201 HOMESTEAD, FL 33030 US		

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 08/23/2005