

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-09-2006 90088 023 ***150.00

DOCUMENT # P04000042267 1. Entity Name EMERGENCY CREDIT REPAIR, INC.			
Principal Place of Business 915 W 72 ST HIALEAH FL 33014 } <i>OLD ADDRESS</i>		Mailing Address P.O. BOX 661183 MIAMI SPRINGS FL 33166	
2. Principal Place of Business 3191 CORAL WAY Suite, Apt. #, etc. 634		3. Mailing Address P.O. BOX 661183 Suite, Apt. #, etc.	
City & State MIAMI SPRINGS FLORIDA		City & State MIAMI SPRINGS, FLA	
Zip 33145		Zip 33166	
Country MIAMI DADE		Country MIAMI DADE	
4. FEI Number 55-0859471		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD	NAME GUEITS, CARLOS	TITLE PRESIDENT	NAME CARLOS GUEITS
STREET ADDRESS 915 W 72 ST	CITY-ST-ZIP HIALEAH FL 33014 } <i>OLD ADDRESS</i>	STREET ADDRESS 3191 CORAL WAY SUITE 634 } <i>NEW ADDRESS</i>	CITY-ST-ZIP MIAMI, FLA. 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4-26/06 786-234-8035 <small>Daytime Phone</small>	