

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000043942

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** THE CREDIT DOCTOR OF AMERICA, INC.

**Current Principal Place of Business:**

8501 SW 124 AVENUE  
SUITE 202  
MIAMI, FL 33183 US

**New Principal Place of Business:**

2410 SWANSON AVENUE  
MIAMI, FL 33133 US

**Current Mailing Address:**

8501 SW 124 AVENUE  
SUITE 202  
MIAMI, FL 33183 US

**New Mailing Address:**

2410 SWANSON AVENUE  
MIAMI, FL 33133 US

FEI Number: 77-0626931

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIBLESZ, SUZETTE  
8501 SW 124 AVENUE  
SUITE 202  
MIAMI, FL 33183 US

**Name and Address of New Registered Agent:**

SIBLESZ, SUZETTE  
2410 SWANSON AVENUE  
MIAMI, FL 33133 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/19/2010

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution (X).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SIBLESZ, SUZETTE  
Address: 2410 SWANSON AVENUE  
City-St-Zip: MIAMI, FL 33133 US

I hereby 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 all other like empowered.

SIGNATURE: SUZETTE SIBLESZ

P

04/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date