

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000148903

1. Entity Name
CREDIT FIX USA REAL ESTATE DIVISION, INC.



Principal Place of Business

8500 SW 8TH STREET
SUITE 204
MIAMI, FL 33144

Mailing Address

8500 SW 8TH STREET
SUITE 204
MIAMI, FL 33144

FILED
Jun 13, 2008 08:00 AM
Secretary of State



04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2541015	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARBARA, ARNOLD R
8500 SW 8TH STREET
SUITE 204
MIAMI, FL 33144

**DO NOT WRITE
IN THIS SPACE**

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: Arnold R. Barbara 04/23/08
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARBARA, ARNOLD R
STREET ADDRESS	8500 SW 8TH STREET, SUITE 204
CITY-ST-ZIP	MIAMI, FL 33144

TITLE	D
NAME	GOBERNA, MANUEL J
STREET ADDRESS	13441 SW 53 STREET
CITY-ST-ZIP	MIAMI, FL 33175

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 the empowered.

SIGNATURE: Arnold R. Barbara 4/23/08 305-261-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #