

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000154849

FILED
Apr 28, 2008
Secretary of State

Entity Name: CONSULTING & CREDIT SOLUTIONS, INC.

Current Principal Place of Business:

8525 N.W. 53 TERR
SUITE 106
DORAL, FL 33166

New Principal Place of Business:

Current Mailing Address:

8525 N.W. 53 TERR
SUITE 106
DORAL, FL 33166

New Mailing Address:

FEI Number: 20-3875547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALARCON, ALBA
555 S LUNA COURT
307
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALARCON, ALBA
Address: 555 S LUNA COURT # 307
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP () Delete
Name: RAMIREZ, NILMA
Address: 5670 NW 116TH AVE #108
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALARCON, ALBA

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date