

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000155757

1. Entity Name
CREDIT FIX USA MORTGAGE DIVISION, INC.



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

Principal Place of Business
8500 SW 8TH ST., SUITE 204
MIAMI, FL 33144

Mailing Address
8500 SW 8TH ST., SUITE 204
MIAMI, FL 33144



04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|--|-------------------------------|
| 4. FEI Number 03-0574403 | 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
8500 SW 8TH ST., 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 DATE: 04/23/08
(NOTE: Registered Agent signature required when reinstating)

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

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

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BARBARA, ARNOLD 8500 SW 8TH ST., SUITE 204 MIAMI, FL 33144 |
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06/13/08-80003-015 150.00

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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 like empowered.

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