



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90010 009 \*\*\*150.00

<b>DOCUMENT # P06000037751</b>					
1. Entity Name <b>MIAMI CREDIT SERVICES INC.</b>					
Principal Place of Business <b>1722 SW 84TH COURT MIAMI FL 33155</b>			Mailing Address <b>1722 SW 84TH COURT MIAMI FL 33155</b>		
2. Principal Place of Business - No P.O. Box # <b>1722 SW 84 CT.</b>			3. Mailing Address <b>1722 SW 84 CT.</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Miami, FL</b>			City & State <b>Miami, FL</b>		
Zip <b>33155</b>		Country <b>USA</b>	Zip <b>33155</b>		Country <b>USA</b>
4. FEI Number <b>AP-PLIED FOR</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>MORALES, E. P. 1722 SW 84 CT. MIAMI FL 33155</b>			7. Name and Address of New Registered Agent Name <b>N/A</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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 _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, EFREN PABLO		NAME		
STREET ADDRESS	1722 SW 84TH COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			02/13/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Duplicating Fee		

ATTACHMENT

66005140

# P06000037751

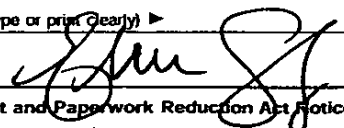
Form **SS-4****Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN **22-3922618**(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>MIAMI CREDIT SERVICES INC.</b>		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>1722 Southwest 84th Court</b>		5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code <b>Miami, Florida 33155</b>		5b City, state, and ZIP code
	6 County and state where principal business is located <b>Miami-Dade County, FL</b>		
	7a Name of principal officer, general partner, grantor, owner, or trustor <b>Efren Pablo Morales, President</b>		7b SSN, ITIN, or EIN <b>590-58-8647</b>
8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <b>1120S/2553</b> <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated <b>Florida</b>			
9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____			
10 Date business started or acquired (month, day, year) <b>03/14/06</b>		11 Closing month of accounting year <b>December</b>	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ▶ <b>04/01/06</b>			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". . . . . ▶		Agricultural Household Other <b>1</b>	
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <b>Credit Check</b>			
16a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____			
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name _____ Address and ZIP code _____	Designee's telephone number (include area code) ( ) _____ Designee's fax number (include area code) ( ) _____	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (type or print clearly) ▶ <b>ELSIE SANCHEZ, Treasurer</b>		Applicant's telephone number (include area code) ( 786 ) 263-1007	
Signature ▶  Date ▶ <b>03/22/06</b>		Applicant's fax number (include area code) ( 305 ) 857-3700	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 12-2001)