

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000043332

1. Entity Name
CREDICALL USA INC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -3 PM 4:20

Principal Place of Business
8930 WEST FLAGLER
#105
MIAMI, FL 33174

Mailing Address
8930 WEST FLAGLER
#105
MIAMI, FL 33174



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09262007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number
20-8400638

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AZPURUA, ALBERTO
8930 WEST FLAGLER
#105
MIAMI, FL 33174

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature: typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III, II

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AZPURUA, ALBERTO
8930 WEST FLAGLER #105
MIAMI, FL 33174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5001 10512315
10/09/07--01016--007 **61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
AZPURUA, CARLOS
8930 WEST FLAGLER #105
MIAMI, FL 33174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
AZPURUA, ANDRES
8930 WEST FLAGLER #105
MIAMI, FL 33174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Alberto Azpurua Lara
8930 West Flagler #105
Miami, FL 33174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-Secretary
Fernando Delgado
8930 West Flagler #105
Miami, FL 33174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
B 10/5/07

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Alberto Azpurua

ALBERTO AZPURUA President

09/26/07 786 229-9875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone