

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000104582

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: CHECK FILES CREDIT CONSULTANTS, INC.

## Current Principal Place of Business:

9000 SHERIDAN ST.  
SUITE #115  
PEMBROKE PINES, FL 33024 US

## Current Mailing Address:

6631 MCCLELLAN ST.  
HOLLYWOOD, FL 33024 US

## New Principal Place of Business:

9000 SHERIDAN ST.  
SUITE #171  
PEMBROKE PINES, FL 33024 US

## New Mailing Address:

9000 SHERIDAN ST.  
171  
PEMBROKE PINES, FL 33024 US

FEI Number: 20-5357980

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAMACHO, WILSON  
9000 SHERIDAN ST  
SUITE #115  
PEMBROKE PINES, FL 33024 US

## Name and Address of New Registered Agent:

CAMACHO, WILSON  
9000 SHERIDAN ST  
SUITE #171  
PEMBROKE PINES, FL 33024 US

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: WILSON CAMACHO

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: CAMACHO, WILSON  
Address: 9000 SHERIDAN ST. SUITE #115  
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: D ( ) Delete  
Name: CAMACHO, WILSON  
Address: 9000 SHERIDAN ST. SUITE #115  
City-St-Zip: PEMBROKE PINES, FL 33024 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: CAMACHO, WILSON  
Address: 9000 SHERIDAN ST. SUITE #171  
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: D (X) Change ( ) Addition  
Name: CAMACHO, WILSON  
Address: 9000 SHERIDAN ST. SUITE #171  
City-St-Zip: PEMBROKE PINES, FL 33024 US

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: WILSON CAMACHO

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

Date