

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000133404

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: US1 CREDIT SERVICES INC.

**Current Principal Place of Business:**

11725 COLLIER BLVD  
A  
NAPLES, FL 34116

**New Principal Place of Business:**

**Current Mailing Address:**

11725 COLLIER BLVD  
A  
NAPLES, FL 34116

**New Mailing Address:**

FEI Number: 26-2138272      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARGUELLO, CLAUDIO  
11725 COLLIER BLVD  
A  
NAPLES, FL 34116 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: ARGUELLO, ALVARO J SR  
Address: 450 GOLDEN GATE BLVD W  
City-St-Zip: NAPLES, FL 34120

Title: VP ( ) Delete  
Name: ARGUELLO, CLAUDIO JR  
Address: 391 14TH ST SE  
City-St-Zip: NAPLES, FL 34117

Title: VP ( ) Delete  
Name: AHDI, PRITPAL  
Address: 2750 INLET COVE LANE  
City-St-Zip: NAPLES, FL 34120

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DIR (X) Change ( ) Addition  
Name: ARGUELLO, CLAUDIO JR  
Address: 391 14TH ST SE  
City-St-Zip: NAPLES, FL 34117

Title: VP (X) Change ( ) Addition  
Name: ARGUELLO, ROBERTO M  
Address: 2686 FOUNTAIN VIEW CIRCLE  
City-St-Zip: NAPLES, FL 34109

Title: DIR ( ) Change (X) Addition  
Name: REYNAUD, EDUARDO  
Address: 11725 COLLIER BLVD  
City-St-Zip: NAPLES, FL 34116

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: CLAUDIO ARGUELLO

DIR

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date