2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000079849

FILED
Feb 05, 2003
Secretary of State

Entity Name: CREDIT SOLUTIONS INCORPORATED ENTERPRISES

Current Principal Place of Business:	**New Principal Place of Business:**
1790 W 49 ST 209 HIALEAH, FL 33012 US	1790 W 49 ST 203 HIALEAH, FL 33012 US
Current Mailing Address:	**New Mailing Address:**
1790 W 49 ST 209 HIALEAH, FL 33012 US	1790 W 49 ST 203 HIALEAH, FL 33012 US

FEI Number: 65-0781108 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
GLEN, JUAN G 1790 WEST 49ST STE 209 MIAMI, FL 33012	GLEN, JUAN G 1790 WEST 49ST STE 203 MIAMI, FL 33012

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: JUAN G. GLEN 02/05/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:		**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**	
Title:	PD ( ) Delete	Title:	PD (X) Change ( ) Addition
Name:	GLEN, JUAN G	Name:	GLEN, JUAN G
Address:	1790 W. 49ST 209	Address:	1790 W. 49ST 203
City-St-Zip:	HIALEAH, FL 33012	City-St-Zip:	HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JUAN G. GLEN PRES 02/05/2003
Electronic Signature of Signing Officer or Director Date