

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000001100 1. Entity Name CREDIT FIX U.S.A., INC.					
Principal Place of Business 8500 SW 8TH STREET SUITE 204 MIAMI, FL 33144			Mailing Address 8500 SW 8TH STREET SUITE 204 MIAMI, FL 33144		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0887003	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BARBARA, ARNOLD R 8500 SW 8TH STREET SUITE 204 MIAMI, FL 33144				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE: 4/15/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D <input type="checkbox"/> Delete NAME: BARBARA, ARNOLD R STREET ADDRESS: 8500 SW 8TH STREET #204 CITY-ST-ZIP: MIAMI, FL 33144				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: U000000314624 NAME: 04/19/05-80001-014 150.00 STREET ADDRESS: CITY-ST-ZIP:	
TITLE: VD <input type="checkbox"/> Delete NAME: BARBARA, MINERVA STREET ADDRESS: 8500 SW 8TH STREET #204 CITY-ST-ZIP: MIAMI, FL 33144				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: 4/15/05 (305) 261-8000 <small>Daytime Phone #</small>	