

2008 FOR PROFIT CORPORATION ANNUAL REPORT

6/17/2008-90001-045-\$150.00-\$150.00

FILED

08 JUL -7 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04292008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0887003	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	-----------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BARBARA, ARNOLD R
8500 SW 8TH STREET
SUITE 204
MIAMI, FL 33144

DO NOT WRITE
IN THIS SPACE

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

Arnold R. Barbara

04-23-08

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

(NOTE: Registered Agent signature required when relinquishing)

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSCD
NAME	BARBARA, ARNOLD R
STREET ADDRESS	8500 SW 8TH STREET #204
CITY-ST-ZIP	MIAMI, FL 33144

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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:

Arnold R. Barbara 04/23/08 305-261-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CREDIT FIX USA

Credit Restoration Specialists

8500 SW 8 Street, suite 204
Miami, FL 33144

Ph:(305) 261-8000
Fax: (305) 261-9000

July 2, 2008

Florida Department of State
Division of Corporations
Annual Reports Section
PO Box 6327
Tallahassee, FL 32314

Re: Credit Fix USA, Inc / P99000001100

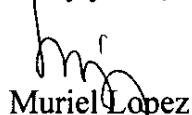
To whom it may concern:

As per my telephone conversation with you, please accept this letter as a request for you to waive the \$ 400.00 late filling. This year we never received a notification to renew and this is why we had not responded sooner.

Please waive this fee as a one time courtesy.

If you have any questions please do not hesitate to call us at 305-261-8000.

Truly yours,



Muriel Lopez
Secretary