2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 01, 2025
Secretary of State
2005608730CC

DOCUMENT# 766816

Entity Name: CONSOLIDATED CREDIT SOLUTIONS, INC.

Current Principal Place of Business:

5701 WEST SUNRISE BLVD.
100
FT. LAUDERDALE, FL 33313

Current Mailing Address:

5701 WEST SUNRISE BLVD.
FT. LAUDERDALE, FL 33313 US

FEI Number: 59-2261789

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HERMAN, GARY
5701 WEST SUNRISE BLVD.
SUITE 100
FT. LAUDERDALE, FL 33313 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	HERMAN, GARY
Address	5701 WEST SUNRISE BLVD, STE 200
City-State-Zip:	FT. LAUDERDALE FL 33313

Title	D
Name	NEEDLE, JEFF
Address	5300 NW 33RD AVE, STE 206
City-State-Zip:	FT. LAUDERDALE FL 33309

Title	D
Name	FISCHER, STEVE
Address	300 SOUTH PINE ISLAND RD, STE 110
City-State-Zip:	PLANTATION FL 33324

Title	VP, TREASURER, SECRETARY
Name	REZVOY , IVAN
Address	5701 WEST SUNRISE BLVD, STE 200
City-State-Zip:	FT. LAUDERDALE FL 33313

Title	D
Name	GOLDBERG, MOREY
Address	308 E. LANCASTER AVE, STE 300
City-State-Zip:	WYNNEWOOD PA 19096-2145

Title	DIRECTOR
Name	PEREZ, MERCEDES
Address	10021 SW 14 TERR
City-State-Zip:	MIAMI FL 33174

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GARY HERMAN PRESIDENT 08/01/2025

Electronic Signature of Signing Officer/Director Detail — Date