

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000002673

**Entity Name:** SAFE CREDIT SOLUTIONS INC.

**Current Principal Place of Business:**

11900 BISCAYNE BLVD.  
801  
NORTH MIAMI , FL 33181

**Current Mailing Address:**

11900 BISCAYNE BLVD.  
801  
NORTH MIAMI , FL 33181 US

**FEI Number:** 27-0788643

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC  
7901 4TH STREET N,  
SUITE 300  
ST.PETERSBURG, FL 33702 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            D/P  
Name            CHAVEZ, ALEX  
Address        11900 BISCAYNE BLVD.  
                  801  
City-State-Zip: NORTH MIAMI FL 33181

Title            S/T  
Name            CHAVEZ, ALEX  
Address        11900 BISCAYNE BLVD.  
                  801  
City-State-Zip: NORTH MIAMI FL 33181

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

**SIGNATURE:** ALEX CHAVEZ

**CEO**

**01/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date