

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005641

**Entity Name:** 123 CREDIT COUNSELORS, INC.

**Current Principal Place of Business:**

1000 NW 57TH COURT  
STE 860  
MIAMI, FL 33126

**FILED**  
**May 06, 2020**  
**Secretary of State**  
**6800538688CC**

**Current Mailing Address:**

1000 NW 57 COURT  
SUITE 860  
MIAMI, FL 33126 US

**FEI Number:** 20-3351880

**Certificate of Status Desired:** No

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

GARCIA, RICHARD A  
1000 NW 57TH CT  
STE 860  
MIAMI, FL 33126-3295 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 T  
Name GARCIA, RICHARD A  
Address 1000 NW 57 CT STE 860  
City-State-Zip: MIAMI FL 33126

Title P  
Name GARCIA, ELIZABETH  
Address 1000 NW 57 CT STE 860  
City-State-Zip: MIAMI FL 33126

Title D  
Name DIAZ, LUIS  
Address 1000 NW 57 CT STE 860  
City-State-Zip: MIAMI FL 33126

Title D  
Name PFEIFER, TIFFANY  
Address 1000 NW 57 CT STE 860  
City-State-Zip: MIAMI FL 33126

Title T  
Name PFEIFER, TIFFANY  
Address 1000 NW 57 CT STE 860  
City-State-Zip: MIAMI FL 33126

Title D  
Name GALLOR, ROLAND  
Address 1000 NW 57 CT STE 860  
City-State-Zip: MIAMI FL 33126

*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:** ELIZABETH N. GARCIA

**PRESIDENT**

**05/06/2020**

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

\_\_\_\_\_  
Date