
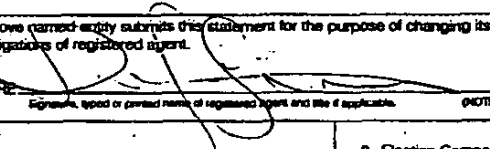
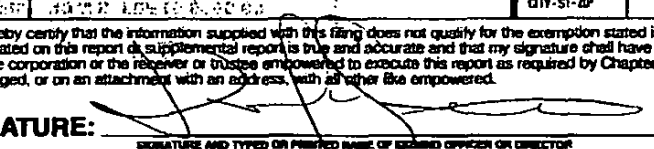


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 03, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90299 034 \*\*\*150.00

<b>DOCUMENT # P0400011288</b>		
1. Entity Name 11 CREDIT SOLUTIONS, CORP.		
Principal Place of Business 2460 S.W. 137TH AVENUE 251 MIAMI, FL 33175 US		Mailing Address 2460 S.W. 137TH AVENUE 251 MIAMI, FL 33175 US
2. Principal Place of Business 10511 SW 88 ST Suite, Apt. #, etc. C-205 City & State MIAMI FL Zip 33176 Country DADE		3. Mailing Address 10511 SW 88 ST Suite, Apt. #, etc. C-205 City & State MIAMI FL Zip 33176 Country DADE
4. FEI Number 20-1470028		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KABA & PEÑA, P.A. 2460 S.W. 137TH AVENUE 251 MIAMI, FL 33175		7. Name and Address of New Registered Agent Name: KENNETH LAGRAVE Street Address (P.O. Box Number is Not Acceptable) 10511 SW 88 ST Suite # C-205 City: MIAMI FL Zip Code: 33176
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:  KENNETH LAGRAVE DATE: 4-8-05 <small>(NOTE: Registered Agent signature required when reappointed)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P LA GRAVE, KENNETH 2460 S.W. 137TH AVENUE, SUITE 251 MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PEÑA, MARIA E 2460 S.W. 137TH AVENUE, SUITE 251 MIAMI, FL 33175 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 10511 SW 88 ST suite # C-205 MIAMI FL 33176 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 fee empowered.		
SIGNATURE: 		Date: 4-8-05 (20)412466

66041011



04082005 Chg-P CR2E034 (10/03)