

P03000090484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

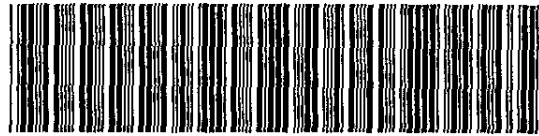
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Change of Registered Office for COMPLETE BILLING SERVICES, INC.
(Name of corporation)

DOCUMENT NUMBER: P03000090484

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

OFELIA M. POVEDA
(Name of person)

COMPLETE BILLING SERVICES, INC.
(Name of firm/company)

6850 S.W. 24TH STREET , SUITE 305
(Address)

MIAMI, FLORIDA 33155
(City/state and zip code)

For further information concerning this matter, please call:

OFELIA M. POVEDA at (305) 669-5010
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 2, 2004

OFELIA M. POVEDA
COMPLETE BILLING SERVICES, INC.
6850 S.W. 24TH ST., STE. 305
MIAMI, FL 33155

SUBJECT: COMPLETE BILLING SERVICES INC.
Ref. Number: P03000090484

We have received your document for COMPLETE BILLING SERVICES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that the enclosed document is not signed. Please have the appropriate person(s) sign the document and return for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6027.

Michelle Milligan
Document Specialist

Letter Number: 804A00006790

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04 FEB 10 AM 7:17
DIVISION OF CORPORATIONS

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: COMPLETE BILLING SERVICES INC.
2. The principal office address: 6850 S.W. 24TH STREET, MIAMI, FLORIDA 33155
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 08/15/03 Document number: PO3000090484
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

OFELIA M. POVEDA
6309 STERLING ROAD
DAVIE, FLORIDA 33314

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
OFELIA M. POVEDA
6850 S.W. 24TH STREET, SUITE 305
(P.O. Box or personal mailbox NOT acceptable)
MIAMI, FLORIDA 33155

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of Ofelia M. Poveda
OFELIA M. POVEDA, President

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Ofelia M. Poveda
January 13, 2004

If signing on behalf of an entity:
OFELIA M. POVEDA President
(Typed or Printed Name) (Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314