

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91216 039 ***150.00

DOCUMENT # P03000143733

1. Entity Name
EXPRESS BILLING SOLUTIONS, INC



Principal Place of Business
6067 HOLLYWOOD BLVD
HOLLYWOOD, FL 33024 US

Mailing Address
6067 HOLLYWOOD BLVD
HOLLYWOOD, FL 33024 US

24066512



2. Principal Place of Business
6363 Taft Street

3. Mailing Address
6363 Taft Street

Suite, Apt., #, etc.
Suite 101

Suite, Apt., #, etc.
Suite 101

02112004 Chg-P CR2E034 (10/03)

City & State
Hollywood, Florida

City & State
Hollywood, Florida

4. FEI Number
54-2141818

Applied For
Not Applicable

Zip
33024

Country
US

Zip
33024

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CAUDILL, PAM
1960 SW 125 AVE
HOLLYWOOD, FL 33027

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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 CAUDILL, PAM 1960 SW 125 AVE MIRMAR, FL 33027	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-11-04 **954-981-9777**

Daytime Phone #