

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Oct 29, 2007  
Secretary of State**

DOCUMENT# P05000007180

Entity Name: TOP BILLING & COLLECTIONS INC

**Current Principal Place of Business:**

4321 SW 97TH PLACE  
MIAMI, FL 33165

**New Principal Place of Business:**

9230 BIRD ROAD  
C  
MIAMI, FL 33165

**Current Mailing Address:**

4321 SW 97TH PLACE  
MIAMI, FL 33165

**New Mailing Address:**

9230 BIRD ROAD  
C  
MIAMI, FL 33165

FEI Number: 20-2173473      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CASTRO, CLARA L  
4321 SW 97TH PLACE  
MIAMI, FL 33165      US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CASTRO, CLARA L  
Address: 4321 SW 97TH PLACE  
City-St-Zip: MIAMI, FL 33165

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: GONZALEZ, SARA M  
Address: 10015 SW 85 ST  
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CLARA L CASTRO

PD

10/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date