

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000103063

FILED
Apr 05, 2008
Secretary of State

Entity Name: PRIME BILLING SERVICES, INC.

Current Principal Place of Business:

2367 WEST 52 STREET
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

2367 WEST 52 STREET
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 26-0905212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAVIESO, WALKIRIA
19964 SW 3RD PLACE
PEMBROKE PINES, FL 33029 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BORY, CORINTHIA
Address: 8780 NW 143RD TERRACE
City-St-Zip: MIAMI LAKES, FL 33018

Title: D () Delete
Name: TRAVIESO, WALKIRIA
Address: 19964 SW 3RD PLACE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: WALKIRIA TRAVIESO

D

04/05/2008

Electronic Signature of Signing Officer or Director

_____ Date