

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

05 APR 20 PM 3:55

SECRETARY STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P97000074535
 1. Entity Name
ACCURATE EXPRESS BILLINGS INC.




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|---|---|
| Principal Place of Business 3350 SW 148TH AVE SUITE 110 MIRAMAR, FL 33027 US | Mailing Address 3350 SW 148TH AVE SUITE 110 MIRAMAR, FL 33027 US |
|---|---|

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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



01132005 Chg-P CR2E034 (10/03)

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|---|-------------------------------|
| 4. FEI Number 65-0779144 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

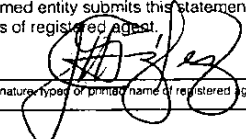
6. Name and Address of Current Registered Agent

GONZALEZ, FRANCES
17132 SW 142 CT
MIAMI, FL 33177

7. Name and Address of New Registered Agent

Name: **Jesus N. Gonzalez**
 Street Address (P.O. Box Number is Not Acceptable):
3350 SW 148th Ave. suite 110
 City: **Miramar** FL Zip Code: **33027**

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:  **Jesus N. Gonzalez** DATE: **1-12-2005**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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 GONZALEZ, FRANCES 17132 SW 142 CT MIAMI, FL 33177 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  **Jesus N. Gonzalez** DATE: **1-12-05** (954) 874-1630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #