


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**


**Apr 20, 2007 08:00 A  
Secretary of State**

**DOCUMENT # P97000080492**  
 1. Entity Name  
**QUICK PAY BILLING SERVICE, INC.**



Principal Place of Business 2680 SE 5TH COURT HOMESTEAD, FL 33033	Mailing Address 2680 SE 5TH COURT HOMESTEAD, FL 33033
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**DO NOT WRITE IN THIS SPACE**



01072007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0783961	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WATKINS, KATHLEEN H  
 16881 SW 266 TERRACE  
 HOMESTEAD, FL 33031

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHWARTZ, SONDRA 2680 SE 5TH COURT HOMESTEAD, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHWARTZ, RICHARD 2680 SE 5TH COURT HOMESTEAD, FL 33033
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U00000719756  
 05/01/07-80076-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Sondra Schwartz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/16/07* Daytime Phone #: *305-230 6022*