
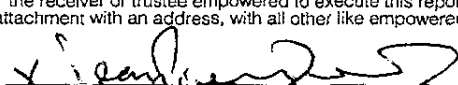


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F99000000866</b> 1. Entity Name <b>CONSOLIDATED BILLING COMPANY,</b>					
Principal Place of Business <b>NEW RIVER CENTER 200 E. LAS OLAS BLVD. #1730 FT. LAUDERDALE FL 33301</b>			Mailing Address <b>NEW RIVER CENTER 200 E. LAS OLAS BLVD. #1730 FT. LAUDERDALE FL 33301</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0865074</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DESJARDINS, JEAN-PIERRE NEW RIVER CENTER 200 E. LAS OLAS BLVD. STE #1730 FT. LAUDERDALE FL 33301</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JEAN-YVES, DUPERE</b>		NAME		
STREET ADDRESS	<b>1490 TARDIVEL</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>STE-FOY, QUE CA g2-g1r2</b>		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PCEO</b>		NAME		
STREET ADDRESS	<b>LABRECQUE, JACQUES</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>7481, RUE GRIGNON</b>		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>VCO</b>		NAME		
STREET ADDRESS	<b>CIRCE, REAL</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>651, POINTE-A-BASILE</b>		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>V</b>		NAME		
STREET ADDRESS	<b>DESJARDINS, JEAN-PIERRE</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>2232 N CYPRESS BEND DR APT 707</b>		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>S</b>		NAME		
STREET ADDRESS	<b>GIROUX, ROBERT</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>4673, CLARA-BROUSSEAU</b>		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>T</b>		NAME		
STREET ADDRESS	<b>GRENIER, PIERRE</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>622 CH DES TOURTERELLES</b>		CITY - ST - ZIP		
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.			<b>Jean-Pierre Desjardins 954-523-0306</b> <b>Exec. Vice-President 1/29/2004</b>		
SIGNATURE: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____		



MOORE CR2E034 (11/03)

Applied For  
Not Applicable

FL Zip Code

U00000033100  
02/05/04-80029-017 150.00