2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # F99000000866

1. Entity Name

CONSOLIDATED BILLING COMPANY

Principal Place of Business	Mailing Address
NEW RIVER CENTER 200 E. LAS OLAS BLVD. #1730 FT. LAUDERDALE FL 33301	NEW RIVER CENTER 200 E. LAS OLAS BLVD. #1730 FT. LAUDERDALE FL 33301

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0865074 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DESJARDINS, JEAN-PIERRE NEW RIVER CENTER 200 E. LAS OLAS BLVD. STE #1730 FT. LAUDERDALE FL 33301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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	C JEAN-YVES, DUPERE 1490 TARDIVEL STE-FOY, QUE CA g2-g1r2	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition U00000033100 02/05/04-80029-017 150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO LABRECQUE, JACQUES 7481, RUE GRIGNON CHARLESBOURG, CANADA G1H -6V7	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCO CIRCE, REAL 651, POINTE-A-BASILE SAINT NICOLAS, CANADA g7a- 3p2	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DESJARDINS, JEAN-PIERRE 2232 N CYPRESS BEND DR APT 707 POMPANO BEACH FL 33069	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GIROUX, ROBERT 4673, CLARA-BROUSSEAU CAP-ROUGE(QUEBEC)CANADA G1Y -3M9	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GRENIER, PIERRE 622 CH DES TOURTERELLES SAINT NICOLAS, CANADA g7a- 3p4	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ Jean-Pierre Desjardins 954-523-0306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Exec. Vice-President 1/29/2004
Date Daytime Phone #