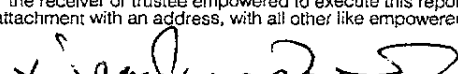


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # F99000000866 1. Entity Name CONSOLIDATED BILLING COMPANY,					
Principal Place of Business NEW RIVER CENTER 200 E. LAS OLAS BLVD. #1730 FT. LAUDERDALE FL 33301			Mailing Address NEW RIVER CENTER 200 E. LAS OLAS BLVD. #1730 FT. LAUDERDALE FL 33301		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0865074	
Zip		Country		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 _____ (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 ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	JEAN-YVES, DUPERE		NAME		
STREET ADDRESS	1490 TARDIVEL		STREET ADDRESS		
CITY - ST - ZIP	STE-FOY, QUE CA g2-g1r2		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	PCEO		NAME		
STREET ADDRESS	LABRECQUE, JACQUES		STREET ADDRESS		
CITY - ST - ZIP	7481, RUE GRIGNON		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	VCO		NAME		
STREET ADDRESS	CIRCE, REAL		STREET ADDRESS		
CITY - ST - ZIP	651, POINTE-A-BASILE		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	V		NAME		
STREET ADDRESS	DESJARDINS, JEAN-PIERRE		STREET ADDRESS		
CITY - ST - ZIP	2232 N CYPRESS BEND DR APT 707		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	S		NAME		
STREET ADDRESS	GIROUX, ROBERT		STREET ADDRESS		
CITY - ST - ZIP	4673, CLARA-BROUSSEAU		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	T		NAME		
STREET ADDRESS	GRENIER, PIERRE		STREET ADDRESS		
CITY - ST - ZIP	622 CH DES TOURTERELLES		CITY - ST - ZIP		
CITY - ST - ZIP			CITY - ST - ZIP		
SAINT NICOLAS, CANADA g7a- 3p4					
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 Exec. Vice-President 1/29/2004		
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