

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000029570

FILED
Apr 25, 2008
Secretary of State

Entity Name: ETRUSTBILL LLC

Current Principal Place of Business:

8362 PINES BLVD, #397
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

7150 FAIRWAY BLVD.
MIRAMAR, FL 330236536

New Mailing Address:

FEI Number: 20-8711495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNALL & CADOGAN, P.A.
101 NE THIRD AVENUE, SUITE 1120
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: INTERNATIONAL BUSINE, SS SYSTEMS INC .
Address: 8362 PINES BLVD, #397
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGR () Delete
Name: BANCARD CONSULTING G, ROUP, INC.
Address: 8362 PINES BLVD, #397
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGRM () Delete
Name: PORTFOLIO OPERATIONS, , LP
Address: 8362 PINES BLVD, #397
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: S. ROBERT RUBIN

MGRM

04/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date