FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000082719

1. Entity Name

A. Estevez Billing Service, Inc.

FILED
04 JUN 17 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13270 SW 131 St.	SAME
Suite, Apt. #, etc. Ste 133	Suite, Apt. #, etc.
City & State Miami, Florida	City & State
Zip 33186 Country US	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number — [X] Applied For [ ] Not Applicable

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

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7. Name and Address of Current Registered Agent

Name Luis Gutierrez

Street Address (P.O. Box Number is Not Acceptable) 13270 SW 131 Street. Suite 133

City Miami FL Zip Code 33186

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	President
NAME	Luis Gutierrez
STREET ADDRESS	13270 SW 131 street. Suite 133
CITY-ST-ZIP	Miami, Fl. 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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06/28/04--01066--003 **600.00

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Luis Gutierrez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $600.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2001,2002, 2003, 2004 or any other notice from the Division of Corporations in respect with the Corporation **A. ESTEVEZ BILLING SERVICE , INC.**

Thank you for your courtesy in this matter.

LUIS GUTIERREZ
PRESIDENT