

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P01.0000 90651*

Entity Name  
*L & L Billing Co. Inc*

FILED

03 JUL -3 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

700021463747  
07/10/03--01060--010 \*\*150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>13537 SW 19th Ave</i>		3. Mailing Address <i>13537 SW 19th Ave</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Miami FL</i>		City & State <i>Miami FL</i>	
4. FEI Number <i>65-1139514</i>	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
Zip <i>33175</i>	Country <i>U.S.A.</i>	Zip <i>33175</i>	Country <i>U.S.A.</i>

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <i>MARIA BERGOLLA</i>	
Street Address (P.O. Box Number is Not Acceptable)	
<i>13537 SW 19th Ave</i>	
City <i>Miami</i>	FL Zip Code <i>33175</i>

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.

SIGNATURE *Maria Berolla* DATE *7/2/03*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>13537 SW 19th Ave Miami FL 33175 President MARIA BERGOLLA</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria Berolla* DATE *7/2/03* (786) 258 6214  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Florida Department of State  
Secretary of State  
Division of Corporations  
Annual Report./Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-632

Re: *Roimar General Services*  
Doc# *P01000090652*

Dear Sir:

As per our telephone conversation, please find a check for \$ 150.00 for the annual report of the corp. I did not receive your renewal form and I was not aware that were penalties to pay.

Note of the new address which I think it was why I did not receive the form.

Excuse for any inconvenience waiting for your answer I remain.

  
Very Truly