



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000017675	
1. Entity Name JEVD BILLING SERVICES INC.	

Principal Place of Business 8111 S.W. 151 AVENUE, #314 MIAMI, FL 33193	Mailing Address 8111 S.W. 151 AVENUE, #314 MIAMI, FL 33193
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DO NOT WRITE IN THIS SPACE

	
02282005	No Chg-P
CR2E034 (10/03)	
4. FEI Number 77-0604559	Applied For Not Applicable
5. Certificate of Status Desires <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
PENA, VICTOR H 8111 S.W. 151 AVENUE, #314 MIAMI, FL 33193	

**DO NOT WRITE
IN THIS SPACE**

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 re-registering.) DATE _____

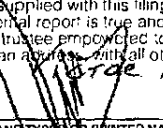
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENA, VICTOR H 8111 S.W. 151 AVENUE, #314 MIAMI, FL 33193
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UD00000252087
03/05/05-80014-001 150.00

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IN THIS SPACE**

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 affidavit with all other like empowered.

SIGNATURE:  **Victor H. Pena** Date: **2/28/05** Daytime Phone # _____

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR