

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90011 043 ***163.75

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1. Entity Name

RIGHT WAY BILLING, INC.



Principal Place of Business

C/O CAROL FRANCIS
4807 SW 41ST BLDG 3-102
HALLANDALE FL 33023

Mailing Address

C/O CAROL FRANCIS
4807 SW 41ST BLDG 3-102
HALLANDALE FL 33023

J4041000



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-1959871

Applied For

Not Applicable

Zip

Country

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

FRANCIS, CAROL
4807 SW 41ST ST BLDG 3-102
HALLANDALE FL 33023

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

Signature, typed or printed name of registered agent and title if applicable.

(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
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME FRANCIS, CAROL
STREET ADDRESS 304 PALERMO AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE PD ☒ Change ☐ Addition
NAME FRANCIS, CAROL
STREET ADDRESS 4807 SW 41ST BLDG 3-102
CITY-ST-ZIP HALLANDALE, FL 33023

TITLE VPD ☐ Delete
NAME REESE, MARGARITA
STREET ADDRESS 304 PALERMO AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VPD ☒ Change ☐ Addition
NAME REESE, MARGARITA
STREET ADDRESS 4807 SW 41ST BLDG 3-102
CITY-ST-ZIP HALLANDALE, FL 33023

TITLE M ☐ Delete
NAME BUVAL, ANTONIO
STREET ADDRESS 1500 NW 13TH ST APT 217
CITY-ST-ZIP MIAMI FL 33125

TITLE M ☒ Change ☐ Addition
NAME BUVAL, ANTONIO
STREET ADDRESS 2500 NW 13TH ST APT 217
CITY-ST-ZIP MIAMI, FL 33125

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Carol M. Francis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/2004 (954) 987-8801
Date Daytime Phone #