

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90241 032 ***163.75

DOCUMENT # P02000041384

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



2. Principal Place of Business
C/O CAROL FRANCIS

3. Mailing Address
SAME

Suite, Apt. #, etc.
4807 SW 41ST BLDG 3-102

Suite, Apt. #, etc.
AS

04182006 Chg-P CR2E034 (11/05)

City & State
HALLANDALE FL

City & State
PLACE OF BUSINESS

4. FEI Number
43-1959871

Applied For
Not Applicable

Zip
33023

Country
U.S.A.

Zip
Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FRANCIS, CAROL
4807 SW 41 ST BLDG 3-10Z
HALLANDALE, FL 33023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
REESE, MARGARITA
4807 SW 41 ST BLDG 3-10Z
HALLANDALE, FL 33023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
BUVAL, ANTONIO
3360 NW 11TH PLACE # 106
MIAMI, FL 33127 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/18/06 (954) 987-8801
Date Daytime Phone #