2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000049346

1. Entity Name
BILLING & MANAGEMENT SOLUTIONS INC.

Principal Place of Business	Mailing Address
9056 EMERSON AVENUE MIAMI, FL 33154	9056 EMERSON AVENUE MIAMI, FL 33154

DO NOT WRITE IN THIS SPACE

03292004 No Chg-P CR2E034 (10/03)

4. FEI Number
03-0435147
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARMONY, ALYSON
C/O THE LAZEGA RESIDENCE
9056 EMERSON AVENUE
SURFSIDE, FL 33154

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARMONY, ALISON
STREET ADDRESS	9056 EMERSON AVE
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	VPT
NAME	LAZEGA, HYMIE
STREET ADDRESS	9056 EMERSON AVE
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000103147
04/05/04-80044-014 150.00

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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: _____ VP 3/31/2004 305 451-8878
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING (BE A CORPORATE OFFICER OR DIRECTOR) Date Daytime Telephone #