

Apr 28 04 11:27a

Nora Staum

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000011174

1. Entity Name
M.B.P. BILLING, INC.Principal Place of Business
4503 NW 103RD AVENUE
SUNRISE, FL 33351Mailing Address
4503 NW 103RD AVENUE
SUNRISE, FL 33351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

04202004 Chg-P CR2E034 (10/03)

 \$8.75 Additional
Fee Required
4. FEI Number
03-0502998
 Applied For
Not Applicable

6. Name and Address of Current Registered Agent

PIVNICK, JOANN
4503 NW 103RD AVENUE
SUNRISE, FL 33351

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 transferring)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution.
 \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: PIVNICK, JOANN
STREET ADDRESS: 4503 NW 103RD AVENUE
CITY-ST-ZIP: SUNRISE, FL 33351 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.04 954572-6360
Date Daytime Phone #

Received Time Apr. 28. 11:46PM