2004 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED Mar 19, 2004 8:00 am Secretary of State

DOCUMENT # P03000030360 1. Entity Name BIBILL RECORD SERVICES INC					03-19-2004 90046 041 ***150.00				
Principal Place of Business 1514 BROADWAY RIVIERA BEACH, FL 33404		Mailing Address 1514 BROADWAY RIVIERA BEACH, FL 33404					Į	4019	960
2. Principal P	lace of Business	3. Mailing Address	failing Address					34	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03142004	Chg-P	CR2E0	34 (10/03)	
City & State		City & State			4. FEI Numbe	0452	529		pplied For
Zip	Country	Zip	Country		1	of Status Desired	П	\$8.75 Add Fee Require	ditional
6. Name and Address of Current Registered Agent		Registered Agent		7. Name and Address of New Registered Agent			gent		
DEGID BULLOR				lame					
DESIR, BILLIOR 1514 BROADWAY RIVIERA BEACH, FL, FL 33404			Stre	Street Address (P.O. Box Number is Not Acceptable)					
.			İ						
			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									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				\$5. □ Add	.00 May Be led to Fees		-Triang	-	
10.					ADDITIONS/0	CHANGES TO OF	FICERS AND	DIRECTOR:	S IN 11
TITLE	P	☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS			NAME	00					
CITY-ST-ZIP			STREET ADDRE	22					
TITLE			TITLE					☐ Change	Addition
NAME			NAME					onange	LJ (saaities)
STREET ADDRESS			STREET ADDRE	SS					
CITY-ST-ZIP	HOLLYWOOD, FL 33020	·····			··· ···				
TITLE NAME	VP DUBELLAY, SCHILLER	Delete III						☐ Change	☐ Addition
STREET ADDRESS			NAME STREET ADDRE	sss					
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP						
TITLE	VP	☐ Delete TITL						Change	Addition
NAME	DUBELLAY, BILLIONARD	NAN							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	1	عدد د الله	·	==		
TITLE			TITLE			,		☐ Change	☐ Addition
NAME	DANIEL, LOUIS	□ Scicic	NAME					Change	
STREET ADDRESS	-		STREET ADDRE	ss					
CITY-ST-ZIP	MIAMI, FL 33161		CITY-ST-ZIP						
TITLE NAME			TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRE	ss					
CITY-ST-ZIP CIT			CITY-ST-ZIP						
12. I hereby	certify that the information supplied with	this filing does not qualify for the	a evemption	etated in Se	ection 110 07/3\/ii	Florido Ctatutas	1 forther a		

indicated on this report or supplied with this flung does not quality 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.

Daytime Phone #