


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000040704</b>	
1. Entity Name <b>PRECISE BILLING SERVICES INC.</b>	

Principal Place of Business <b>15532 SW 32 TERRACE MIAMI, FL 33185</b>	Mailing Address <b>15532 SW 32 TERRACE MIAMI, FL 33185</b>
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**DO NOT WRITE IN THIS SPACE**



03022005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>06-1714955</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**RAMS, VICTOR  
5840 W FLAGLER STREET STE 1  
MIAMI, FL 33144**

**DO NOT WRITE  
IN THIS SPACE**

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: **JORGE DELAER**  **4/8/05**  
Signature and printed name of registered agent or both, if applicable. (NOTE: Registered Agent signature required when not mailing) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>1000000303331 04/13/05-80109-002 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOENCK, DIANA M 15532 SW 32 TERRACE MIAMI, FL 33185</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(j), 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: **Diana M. Moenck** **4-4-05** **305-551-2420**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #