

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90025 045 ***150.00

DOCUMENT # P03000040704

1. Entity Name
PRECISE BILLING SERVICES INC.



Principal Place of Business
**15532 SW 32 TERRACE
MIAMI, FL 33185**

Mailing Address
**15532 SW 32 TERRACE
MIAMI, FL 33185**

401000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

06-1714955

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PECAEZ, DIANA
1000 SW 96 AVENUE
MIAMI, FL 33174**

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]

5/2/08

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **MOENCK, DIANA M**
STREET ADDRESS **15532 SW 32 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33185**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIANA DE LA CRUZ** ☒ Change ☐ Addition
NAME
STREET ADDRESS **15532 SW. 32 TERR.**
CITY-ST-ZIP **MIAMI, FL 33185**

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-08

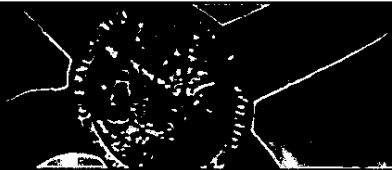
Date

305-801-7070

Daytime Phone #

ATTACHMENT
40100666

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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Business Entity Name PRECISE BILLING SERVICES INC.

FEI Number 06 - 1714955

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status ☐ \$8.75 (Optional)

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 15532 SW 32 TERRACE (PO Box not acceptable)

Suite, Apt. #, etc.

City, State MIAMI, FL

Zip Code & Country 33185

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise, enter your mailing address.

☐ Mailing address same as principal address

Address 15532 SW 32 TERRACE

Suite, Apt. #, etc.

City, State MIAMI, FL

Zip Code & Country 33185

Name And Address of Registered Agent

Name (Last, First, Middle, Title) PELAEZ, DIANA

- OR -

Business to serve as RA

ATTACHMENT

40100606
#P03000040704

Street Address In Florida 1000 SW 96 AVENUE (PO Box not acceptable)

Suite, Apt. #, etc.

City, State MIAMI, FL

Zip Code & Country 33174 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address

Name And Address #1

Title D
Name (Last, First, Middle, Title) MOENCK, DIANA M

- OR -

Entity Name to serve as Officer/Director

Street Address 15532 SW 32 TERRACE

City, State MIAMI, FL

Zip Code & Country 33185

Name And Address #2

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Name And Address #3

Title

ATTACHMENT

40100606

#P03000040704

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

PRES

Officer/Director Signature

DIANA DE LA CRUZ

Diana De La Cruz

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset