


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90012 008 \*\*\*150.00

<b>DOCUMENT # P03000046823</b>			
1. Entity Name <b>SITIECITOS BILLING &amp; MANAGEMENT, INC.</b>			
Principal Place of Business <b>4800 W. FLAGLER ST., #218 MIAMI, FL 33134</b>		Mailing Address <b>4800 W. FLAGLER ST., #218 MIAMI, FL 33134</b>	
2. Principal Place of Business <b>121 SW 72 AVE</b>		3. Mailing Address <b>121 SW 72 AVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI FLORIDA</b>		City & State <b>MIAMI FLORIDA</b>	
Zip <b>33144</b>	Country <b>USM</b>	Zip <b>33144</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>PEREZ, MAGBIS 4800 W. FLAGLER ST., #218 MIAMI, FL 33134</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEREY, PASTORA 4800 W. FLAGLER ST., #218 MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>x</b> <i>Pastora Nerey</i>		<b>PASTORA NEREY</b> 02/16/04 (305) 267-2630 <b>PRESIDENT</b> Date Daytime Phone #	

**94018443**



02142004 Chg-P CR2E034 (10/03)

4. FEI Number **43-2012354** Applied For  
Not Applicable

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