2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 31, 2005 8:00 am Secretary of State 05-31-2005 90007 035 ***150.00

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DOCUMENT: # P03000046823 1. Entity Name SITIECITOS BILLING & MANAGEMENT, INC.							05 90007 03		
Principal Place of Business Mailing Address					-				
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121 SW 72 AVE. MIAMI, FL 33144		121 SW 72 AVE.			İ				
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						ERIER IIIK ERIIL TEIK I			
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05272005	Chg-P	CR2E034	(10/03)		
City & State		City & State		4. FEI Numbe 43-2012				plied For t Applicable	
Zip	Country	Zip Coun		у		of Status Desired		8.75 Add	litional
,	6. Name and Address of Current	Registered Agent			7. Name and	Address of New			
and the state of t							-3		
PEREZ, MAGBIS									
. 4800 W. FLAGLER ST., #218 ■ MIAMI, FL 33134				Street Address (P.O. Box Number is Not Acceptable)					
				City				Zip Code	
				•			FL		
the obligates	named entity submits this statement for ions of registered agent.	or the purpose of changing its r	registered	d office or registe	ered agent, or both	h, in the State of	Florida. I am far	niliar with,	and accept
	Signature, typed or printed name of registered agen	and trite if applicable. (NOTE:	: Registered /	Agent signature require	ed when reinstating)		DATE		
	LE NOW!!! FEE IS \$550.00 ue by September 7, 2005	9. Election Campaig Trust Fund Contri			5.00 May Be ided to Fees				
10. OFFICERS AND DIRECTORS 11.					ADDITIONS/	CHANGES TO O	FFICERS AND D	IRECTOR:	S IN 11
TITLE	VD Delete IIIL		TITLE				[Change	Addition
NAME	NEREY, PASTORA		NAME					_	_
STREET ADDRESS	4800 W. FLAGLER ST., #218		STREET	ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33134 cm		CITY-S	ST-ZIP					
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STREET ADDRESS				ADDRESS					
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NAME		□ belate	NAME					onenge	[_] Addition
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TITLE NAME		☐ Delete	TITLE				L	Change	Addition
STREET ADDRESS			NAME	ADDRES					
CITY-ST-ZIP		^	CITY-S	ADDRESS					
iz. I nereby of indicated	pertify that the information supplied wit on this report or supplemental report i	n mis filing does not qualify for the true-and accurate and that me	the exem	iption stated in S ire shall have the	section 119.07(3)(i), Florida Statute:	s. I further certify	that the ir	ntormation

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 for Irrustee 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:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

President os|27/05

Daytime Phone #