


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000046823**  
1. Entity Name  
**SITIECITOS BILLING & MANAGEMENT, INC.**



Principal Place of Business      Mailing Address  
**721 SW 72 AVE.**                      **721 SW 72 AVE.**  
**MIAMI, FL 33144**                      **MIAMI, FL 33144**

**DO NOT WRITE IN THIS SPACE**



02162006      No Chg-P      CR2E034 (11/05)

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

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

6. Name and Address of Current Registered Agent  
**PEREZ, MAGBIS**  
**4800 W. FLAGLER ST., #218**  
**MIAMI, FL 33134**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	NEREY, PASTORA
STREET ADDRESS	4800 W. FLAGLER ST., #218
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	PD
NAME	MUSE, LAZARO
STREET ADDRESS	121 S.W. 72 AVE.
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000439485  
 03/02/06-80002-003 150.00

**DO NOT WRITE IN THIS SPACE**

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: **X**  **LAZARO MUSE 2/16/06 (786) 255-6740**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone if