

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90318 026 ***150.00

DOCUMENT # P03000101003

1. Entity Name

C.P. BILLING SOLUTIONS, INC.



Principal Place of Business

406 NW 68TH AVE., STE. 304
PLANTATION FL 33317

Mailing Address

406 NW 68TH AVE., STE. 304
PLANTATION FL 33317

2. Principal Place of Business

6829 NW 12th. WAY

Suite, Apt. #, etc.

3. Mailing Address

6829 NW 12th. WAY

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

PLANTATION, FL.

City & State

PLANTATION, FL.

4. FEI Number

36-4540230

Applied For

Not Applicable

Zip

33313

Country

Zip

33313

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADELINE, BRYAN S
7119 W. BROWARD BLVD.
PLANTATION FL 33317

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, 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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete
NAME PANA, GAMELIA
STREET ADDRESS 406 NW 68TH AVE., STE. 304
CITY-ST-ZIP PLANTATION FL 33317

TITLE VTD ☐ Delete
NAME PANA, LIVIU
STREET ADDRESS 406 NW 68TH AVE., STE. 304
CITY-ST-ZIP PLANTATION FL 33317

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

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

TITLE ☐ Change ☐ Addition
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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 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:

Camelia PANA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.10.05

Date

Daytime Phone #