2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P04000087119 05-02-2005 90434 039 ***150.00 1. Entity Name **B & V BILLING ADVISOR CORP** Principal Place of Business Mailing Address 5180 NW 7 STREET STE 606 5180 NW 7 STREET STE 606 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business 3. Mailing Address 9131 FONTAINEDIEAD BL 9131 FONTAINEBLEN BL Suite, Apt. #, etc. Suite, Apt. #, etc. 04272005 Chg-P CR2E034 (10/03) APT 8 APT - 8 City & State City & State 4. FEI Number Applied For Florida MIAMi FLORIDA MIAMI <u>20-1202782</u> Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3317 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARIA VALDES, MARIA E Street Address (P.O. Box Number is Not Acceptable) 5180 NW 7 STREET STE 606 MIAMI, FL 33126 8 -T44 Zip Code **33 /7 2** MIAMI 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 -9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE MARIA E. VAldes, Change Addition VALDES, MARIA E 9131 FONTAINABLEAU BILL Apt. 8 NAME NAME STREET ADDRESS 5180 NW 7 STREET STE 606 STREET ADDRESS MIAMI, FLORIDA MIAMI, FL 33126 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition BONNIN, LEVY NAME BONNIN, LEVY NAME 9131 FONTAINE BLEAN Blud Apt-8 MIMMI, Fronida 33172 STREET ADDRESS 5180 NW 7 STREET STE 606 STREET ADDRESS MIAMI, FL 33126 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE BONNING LERY 9131 FONTAINE BLEAU Blud. Apt-8 NAME BONNIN, LERY NAMÉ 5180 NW 7 STREET STE 606 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-ZIP Addition TITLE Delete TITLE Change BONNIN, JOSE L NAME NAMÉ 5180 NW 7 STREET STE 606 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33126 CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

MARIA E-L

ITED NAME OF SIGNING OF

FILED

May 02, 2005 8:00 am