

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90003 015 ***150.00

DOCUMENT # P04000103025
 1. Entity Name
 CPT BILLING CO., CORP.



Principal Place of Business Mailing Address
~~5870 SW 8 ST~~ ~~SUITE 8~~ ~~MIAMI, FL 33144~~
 5870 SW 8 ST SUITE 8 MIAMI, FL 33144

40107536



2. Principal Place of Business - No P.O. Box #
 7235 Coral Way
 Suite, Apt. #, etc 214

3. Mailing Address
 7235 Coral Way
 Suite, Apt. #, etc 214

04232008 Chg-P CR2E034 (12/06)

City & State
 Miami, FL

City & State
 Miami, FL

4. FEI Number 20-1364698 Applied For Not Applicable

Zip Country
 33155 DADE

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 33155 DADE

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

6. Name and Address of Current Registered Agent
 ECHIZARRAGA, CARMEN J
 1470 SW 73RD PLACE
 MIAMI, FL 33144

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 3401 SW 129 Ave
 City Miami FL 33175

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, type or print name of registered agent and title if applicable. NOTE: Registered Agent signature required after transmission.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008, Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ECHIZARRAGA, CARMEN J	
STREET ADDRESS	1470 SW 73RD PLACE	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3401 SW 129 Ave	
CITY-ST-ZIP	Miami FL 33175	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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. 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 on Block 10 or Block 11 if changed, or on an attachment with the address, with all other like empowered.

SIGNATURE: *C. Echizarraga* 4/23/08 (307) 233107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR