## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000013151

Entity Name: RECOVERY CREDIT & BILLING, INC

FILED Apr 13, 2007 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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3909 S.W. 62 AVE. MIAMI, FL 33155 US

Current Mailing Address: New Mailing Address:

3909 S.W. 62 AVE. MIAMI, FL 33155 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 CORTES, NICHOLAS A
 CORTES, NICHOLAS A

 6561 S.W. 20 STREET
 3909 S.W. 62 AVENUE

 MIAMI, FL 33155 US
 MIAMI, FL 33155 US

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.

SIGNATURE: NICHOLAS A. CORTES 04/13/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: COSTANZO, LAURA S P (X) Change ( ) Addition Name: COSTANZO, LAURA S

 Name:
 COSTANZO, LAURA S
 Name:
 COSTANZO, LAURA S

 Address:
 6561 S.W. 20 STREET
 Address:
 3909 S.W. 62 AVENUE

 City-St-Zip:
 MIAMI, FL 33155 US
 City-St-Zip:
 MIAMI, FL 33155 US

Title: S ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 PEREIRA, ROBERT
 Name:
 CORTES, NICHOLAS A

 Address:
 6561 S.W. 20 STREET
 Address:
 3909 S.W. 62 AVENUE

 City-St-Zip:
 MIAMI, FL 33155
 City-St-Zip:
 MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA S. COSTANZO P 04/13/2007