

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000147172

1. Entity Name
CMV BILLING SOLUTIONS CO.



Principal Place of Business

10300 SW 72 ST
STE 440
MIAMI, FL 33173

Mailing Address

10300 SW 72 ST
STE 440
MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE



02052007 No Chg-P CR2E034 (11/05)

4. FEI Number

04-3832701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACHADO, LISDAN
945 S.W. 154 CT.
MIAMI, FL 33194

**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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000629879
02/19/07-80019-016 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME MACHADO, LISDAN
STREET ADDRESS 10300 SW 72 ST., STE 440
CITY-ST-ZIP MIAMI, FL 33173

TITLE VP
NAME VEGA, LISBEY C
STREET ADDRESS 6875 W 7TH AVE - # 610
CITY-ST-ZIP HIALEAH, FL 33014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Lisdan Machado 2/5/07 (305) 598-3535
Date Daytime Phone #