

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

07-11-2006 90025 033 ***150.00

DOCUMENT # P05000153061 1. Entity Name ADVANTAGE BILLING CONSULTANTS INC					
Principal Place of Business 5727 NW 7TH STREET #285 MIAMI, FL 33126 US			Mailing Address 5727 NW 7TH STREET #285 MIAMI, FL 33126 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
5. Name and Address of Current Registered Agent GONZALEZ, MARIA 5727 NW 7TH STREET #285 MIAMI, FL 33126				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: DATE: 07-26-06 (Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating))					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS GONZALEZ, MARIA 5727 NW 7TH STREET #285 MIAMI, FL 33126 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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: Date Daytime Phone #					

00040100



07262006 Chg-P CR2E034 (11/05)

4. FEI Number **83-0439937** Applied For
Not Applicable

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

7/11/2006-90025-033-\$150.00-\$150.00

[illegible]