## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

. 1.

FILED Apr 17, 2007 8:00 am Secretary of State

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1. Entity Nam	MENT # P0600000; BILLING SERVICES, INC			04-17-2007	_				
Principal Place of Business Mailing Address			t	ี 4.00∜	υιυυ				
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			950 NW 40TH AVENUE		ŕ				
MIAMI, FL 3	3120	MIAMI, FL 33126							
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2. Drinning C	Name of Business - Na B.O. Boy #								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_					
				01242007 Chg-P CR2E034 (12/06)					
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City & State		City & State		4. FEI Number	- 407	3 <i>5</i> /7	_	plied For	
ļ				•	/ /-			t Applicable	
Zip	Country	Zip	Country	5. Certificate of	Status Desired		75 Add		
			•			Fee	Require	i	
	6. Name and Address of Curren		7. Name and Address of New Registered Agent						
			Name	Name					
CUELLO,	OBRANLY	Canada Addan	Street Address (P.O. Box Number is Not Acceptable)						
	OTH AVENUE		Street Address	i (P.O. Box Number)	is not Acceptable	,			
MIAMI, FL	. 33126								
ł :			City			FL	Zip Code	)	
-	<del></del>								
	named entity submits this statement f	or the purpose of changing its i	registered office or regist	ered agent, or both,	in the State of Flo	rida. I am famil	iar with,	and accept	
ine obliga	tions of registered agent.								
SIGNATURE.									
SIGNATURE	Signature, typed or printed name of registered agen	t and tide if applicable. (NOTE	: Registered Agent signature requir	red when reinstating)		DATE			
				7					
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaig		5.00 May Be					
After M	ay 1, 2007 Fee will be \$550	.00 Trust Fund Contr	ibution. $\square$ Ac	dded to Fees					
<u> </u>	055:0550 445	CONTOR	<del></del>		*********	2522	****		
10.	OFFICERS AND	•	11.	ADDITIONS/CI	HANGES TO OFFI				
TITLE	PDS	☐ Delete	TITLE				Change	Addition	
NAME	CUELLO, OBRANLY		NAME						
STREET ADDRESS	950 NW 40TH AVENUE		STREET ADDRESS						
CITY-ST-ZIP	MIAMI, FL 33126		CITY-SI-ZIP						
TITLE	VPDT	□ Delete	TITLE				Change	Addition	
NAME	CUELLO, NESTOR		NAME						
STREET ADDRESS	950 NW 40TH AVENUE		STREET ADDRESS						
CITY-S1-ZIP	MIAMI, FL 33126		CITY - ST-ZIP						
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12. Thereby certify that the information supplied with this filling 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 regal 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 charged, or on an attachment with an address, with all place like empowered.

175350EN)

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/07