

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000005458

**FILED**  
**Nov 13, 2007**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA BILLING SPECIALTIES, CORP.

**Current Principal Place of Business:**

11450 SW 50 TERRACE  
MIAMI, FL 33165 US

**New Principal Place of Business:**

**Current Mailing Address:**

11450 SW 50 TERRACE  
MIAMI, FL 33165 US

**New Mailing Address:**

FEI Number: 20-4132067

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

UNITED STATES CORPORATION AGENTS, INC.  
1111 LINCOLN RD  
SUITE 400  
MIAMI BEACH, FL 33139 US

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

ECHAZABAL, LILLIAN  
11450 SW 50TH TERRACE  
MIAMI, FL 33165 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: LILLIAN ECHAZABAL

11/13/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: ECHAZABAL, LILLIAN P JR  
Address: 11450 SW 50 TERRACE  
City-St-Zip: MIAMI, FL 33165 US

Title: SEC ( ) Delete  
Name: ECHAZABAL, LISSETTE  
Address: 11450 SW 50 TERRACE  
City-St-Zip: MIAMI, FL 33165 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LILLIAN ECHAZABAL

PRES

11/13/2007

Electronic Signature of Signing Officer or Director

Date