## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 05, 2008 8:00 am Secretary of State

DOCUMENT # P0700046089  1. Entity Name H & M BILLING CO., INC.					05-05-2008	90246 005 ***15	0.00
Principal Place of Business		Mailing Address					
9023 SW 9TH TERRACE Miami, Fl. 33174		9023 SW 9TH TERRACE Miami, Fl 33174			· ·		
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05012008	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Number		<del>  -   -</del>	oplied For ot Applicable
Zip	Country	Zip Country		5. Certificate of	of Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New F	Registered Agent	
W50444054			Name				
HERNANDEZ, VICTOR H 9023 SW 9TH TERRACE MIAMI, FL 33174		Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
:	rii s		City			FL Zip Cod	е
	named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered office or regi	istered agent, or both	, in the State of Fl	orida. I am familiar with,	and accept
SIGNATURÉ.	Signature, typed or printed name of registered agent	and title if applicable (NOTE: I	Registered Agent signature red	quired when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaig Trust Fund Contrib		\$5.00 May Be Added to Fees		•	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/0	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TULTE	D	☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS	HERNANDEZ, VICTOR H 9023 SW 9TH TERRACE		NAME STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33174		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP			□ 0t	- Addition
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	☐ Addition
NAME STREET ADDRESS			NAME				
CHY-SI-ZIP							
CHIT-ON-ZH			STREET ADDRESS CITY-ST-ZIP				
TILE		☐ Delete			· ·	☐ Change	Addition
		☐ Delete	CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			
ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME			CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				

12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119. Horida 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDIRECT

4/30/08 (3) Data 910-8637