

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000049835

Entity Name: JU BILLING SERVICES INC

FILED  
Aug 04, 2009  
Secretary of State

## Current Principal Place of Business:

5557 NW 199 STREET  
MIAMI, FL 33055

## New Principal Place of Business:

17810 NW 67TH AVENUE  
APT B  
MIAMI, FL 33015

## Current Mailing Address:

5557 NW 199 STREET  
MIAMI, FL 33055

## New Mailing Address:

17810 NW 67TH AVENUE  
APT B  
MIAMI, FL 33015

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

UBEDA, ALCIRA J  
5557 NW 199 TERRACE  
MIAMI, FL, FL 33055 US

## Name and Address of New Registered Agent:

UBEDA, ALCIRA J  
17810 NW 67TH AVENUE  
APT B  
MIAMI, FL 33014 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: ALCIRA UBEDA

08/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: UBEDA, ALCIRA J  
Address: 5557 NW 199 TERRACE  
City-St-Zip: MIAMI, FL 33055 FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: UBEDA, ALCIRA J  
Address: 17810 NW 67TH AVENUE APT B  
City-St-Zip: MIAMI, FL 33014 FL

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: ALCIRA UBEDA

P

08/04/2009

Electronic Signature of Signing Officer or Director

Date