2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 18, 2009
Secretary of State

DOCUMENT# P08000108069

Entity Name: IB BILLING, INC.

Current Principal Place of Business:

9350 NE 9TH PLACE
MIAMI SHORES, FL 33138

New Principal Place of Business:

13075 GRIFFING BLVD
NORTH MIAMI, FL 33161

Current Mailing Address:

9350 NE 9TH PLACE
MIAMI SHORES, FL 33138

New Mailing Address:

13075 GRIFFING BLVD
NORTH MIAMI, FL 33161

FEI Number: 26-3875788 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CID, IRENE
9350 NE 9TH PLACE
MIAMI SHORES, FL 33138 US

Name and Address of New Registered Agent:

CID, IRENE
13075 GRIFFING BLVD
NORTH MIAMI, FL 33161 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: 09/18/2009
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: PTS ( ) Delete
Name: CID, IRENE
Address: 9350 NE 9TH PLACE
City-St-Zip: MIAMI SHORES, FL 33138

Title: VP ( ) Delete
Name: CID, PAVEL ERNESTO
Address: 9350 NE 9TH PACE
City-St-Zip: MIAMI SHORES, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change ( ) Addition
Name: CID, IRENE
Address: 13075 GRIFFING BLVD
City-St-Zip: NORTH MIAMI, FL 33161

Title: VP (X) Change ( ) Addition
Name: CID, PAVEL ERNESTO
Address: 13075 GRIFFING BLVD
City-St-Zip: NORTH MIAMI, FL 33161

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: IRENE CID PTS 09/18/2009
Electronic Signature of Signing Officer or Director — Date