

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000028070

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: BEST BILLING SERVICES INC.

**Current Principal Place of Business:**

175 FOUNTAIN BLEAU BLVD.  
1-P1  
MIAMI, FL 33172 US

**New Principal Place of Business:**

**Current Mailing Address:**

175 FOUNTAIN BLEAU BLVD.  
1-P1  
MIAMI, FL 33172 US

**New Mailing Address:**

FEI Number: 65-0403187      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FUENTES, VILMA  
175 FOUNTAIN BLEAU BLVD STE 1P-1  
MIAMI, FL 33134 US

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

FUENTES, VILMA  
175 FOUNTAIN BLEAU BLVD STE 1P-1  
MIAMI, FL 33172 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: VILMA FUENTES      04/25/2005  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVDS ( ) Delete  
Name: FUENTES, VILMA  
Address: 175 FONTAINBLEAU BLVD 1-P1  
City-St-Zip: MIAMI, FL 33172

Title: VP ( ) Delete  
Name: FUENTES, RICHARD N  
Address: 175 FOUNTAIN BLEAU BLVD 1-PL  
City-St-Zip: MIAMI, FL 33175

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

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

Title: VP (X) Change ( ) Addition  
Name: CHUECOS, VILMA A  
Address: 175 FOUNTAIN BLEAU BLVD 1-P1  
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VILMA FUENTES      PRES      04/25/2005  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date