


# 2008 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 08:**  
**Secretary of S**

<b>DOCUMENT # P94000014283</b> 1. Entity Name <b>CUSTOMIZED BILLING, INC.</b>						
Principal Place of Business <b>840 U.S. HIGHWAY 1 SUITE 210 NORTH PALM BEACH, FL 33408</b>	Mailing Address <b>840 U.S. HIGHWAY 1 SUITE 210 NORTH PALM BEACH, FL 33408</b>					
DO NOT WRITE IN THIS SPACE						
<div style="text-align: right;">         01112008    No Chg-P    CR2E034 (11/05)       </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">         4. FEI Number  <b>65-0469111</b> </td> <td style="width: 20%; padding: 2px;">         Applied For          Not Applicable       </td> </tr> <tr> <td colspan="2" style="padding: 2px;">         5. Certificate of Status Desired    <input type="checkbox"/>    <b>\$8.75 Additional Fee Required</b> </td> </tr> </table>			4. FEI Number <b>65-0469111</b>	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
4. FEI Number <b>65-0469111</b>	Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>						
6. Name and Address of Current Registered Agent  <b>LIOCE, DOMENICK R 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH, FL 33401</b>						
DO NOT WRITE IN THIS SPACE						
8. 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. I am familiar with, and accept the obligations of registered agent						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>10. OFFICERS AND DIRECTORS</b>						
TITLE	D	DO NOT WRITE IN THIS SPACE				
NAME	ROJO, NICHOLAS A					
STREET ADDRESS	5380 N OCEAN DR APT 18H					
CITY-ST-ZIP	SINGER ISLAND, FL 33404					
TITLE	D					
NAME	COHEN, BRADLEY					
STREET ADDRESS	18361 VIA FONTANA					
CITY-ST-ZIP	DELRAY BEACH, FL 33484					
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
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TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify 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 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 B changed, or on an attachment with an address, with all other like empowered.						
<b>SIGNATURE:</b> <i>Bradley Cohen, MD</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>1/21/2008</b>				



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