

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

**2004 UNIFORM BUSINESS REPORT (UBR)**

02-20-2004 90018 018 \*\*\*150.00

<b>DOCUMENT #</b> P94000028790
<b>1. Entity Name</b> DIRECT BILLING SERVICE INC.

**DO NOT WRITE IN THIS SPACE**

94018734

<b>2. Principal Place of Business</b> 2654 S.W. 87th AVE #206 Suite, Apt. #, etc. 206	<b>3. Mailing Address</b> 26954 S.W. 87th AVE #206 Suite, Apt. #, etc. 206
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> MIAMI, FL.	<b>City &amp; State</b> MIAMI, FL.	<b>4. FEI Number</b> 65-0481902	<b>Applied For</b> Not Applicable
<b>Zip</b> 33165-2031 <b>Country</b> DADE	<b>Zip</b> 33165-2031 <b>Country</b>	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name** JOSE GONZALEZ  
**Street Address (P.O. Box Number is Not Acceptable)**  
2694 S.W. 87th Avenue

**City** MIAMI, FL. **FL** **Zip Code** 33165

**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**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

**9. Election Campaign Financing** \$5.00 May Be  
Trust Fund Contribution. ☐ Added to Fees

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PSD</b> <b>JOSE GONZALEZ</b> 2694 S.W. 87th AVE MIAMI, FL. 33165-2031
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>IVONNE GONZALEZ</b> 2694 S.W. 87th AVE MIAMI, FL. 33165-2031
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**11.**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** \* [Signature] \*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\* 2-18-04 \* 305-225-4600  
Date Daytime Phone #