FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENTO STATE Sandra B. Morthadi

1	IAL REPORT		ary of State CORPORATIONS		
DOCUN 1. Corporation	MENT # P9500	00038254 (5)		
LAIDA'	S BILLING, INC.				
Principal Place	of Business	Mailing Address			88111
3015 S.W. 99TH CT. Miami FL 33165		3015 S.W. 99TH CT. Miami Fl 33165			
				3. Date Incorporated or Qualified 05/15/1995	3a. Date of Last Report
2. Principal Pla		2a. Mailing Address	\ 211 ST	4. FEI Number	Applied For
21 780 . Suite, Apt. #	5 SW 24 ST	26 7805 So) ay ST	65-058431	Not Applicable \$8.75 Additional
22	SuITE 13/	27 5-13/		5. Certificate of Status Desired	Fee Required
City & State		City & State	-61	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip_	ILAMÍ - FC Country	28 MIANI 710 —	Country	8. This corporation has liability for	Added to Fees
24 331.	55 USA	29 33/55	30 USA	Florida Statutes 🕡 Yes	□No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name	SAME	
	RUIZ, JUSTO J			lress (P.O. Box Number is Not Acceptab	le)
3015 S.W. 99TH CT.			83		
MIAMI FI	L 33165		63		
			84 City		FL 85 Zip Code
familiar with	h, and accept the obligations of, Sec Signature based or poletical entrapersons, a	ction 607.0505, Florida Statutes.	s. The above-married corporal by the comporation's box	ration submits this statement for the purand of directors. Thereby accept the appointment of the purant of the pur	CATE
TIFLE	PTD	DELETE	1 1 1171		
NAME	BOLANOS, LAIDA		1.2 NAM		<i> \ \ - \ - \ - \ \ \ \ \ \ </i>
STREET ADDRESS	9115 S.W. 17TH TRAIL TE	MACE	13 STREET ADDRESS	9115 SW 17 TER	RACE
CITY-ST-ZIP	MIAMI FL 33165	. ,	14 CITY ST ZIP	_ 9115 SW 17 TER	33/65
TITLE	VD	DELFTE	2 1 TITL:		Change Addition
NAME	RUIZ, JUSTO J		2 2 NAM		
STREET ADDRESS	3015 S.W. 99TH CT.		2.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33165		24 City ST-ZiP		
TITLE		☐ DELETE	3 1 1171		Change Addition
NAME STOCKY ASSOCIACE			3.2 NAM		
STREET ADDRESS CITY - ST- 7IP			3.3 STRIET ADDRESS		
TITLE		DELETE	3.4 CITY ST-ZIP 4.1 TITL		Change Addition
NAME			4.2 NAM		
STREE! ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CiTY ST-ZiP		
111LF		☐ DELETE	5 1 TiTL		Change Addition
NAME			5.2 NAM		
STREET ADDRESS			5.3 STRE IT ADDRESS		
CITY - ST - ZIP			5.4 CITY ST-7:P	······································	
TITLE		DELETE	6 1 1 ITL		☐ Change ☐ Addition
NAME			6.2 NAM		
STREET ADDRESS			6.3 STRE: 1 ADDRESS		

14. I do hereby certify that the information supplied with this filing is vocuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A). Fiorida Statutes I further certify that the information indicated on this annual report or supplied ental annual report is 1 ue 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 trusted empowerer to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed in on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO!