

FROM :

PHONE NO. :

FILED
Jul 26, 2005 8:00 am
Secretary of State

07-26-2005 90025 050 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000065650
1. Entity Name
ALTERNATIVE BILLING SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4733 SW 1 STREET	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

50057615

DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL	City & State	4. FEI Number 65-0608548	Applied For Not Applicable
Zip 33134-1411	Country MIAMI-DADE	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name ILIANA GONZALEZ	
Street Address (P.O. Box Number is Not Acceptable) 4733 SW 1 STREET	
City MIAMI	Zip Code 33134

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 substituting)	DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ILIANA GONZALEZ-PRESIDENT 4733 SW 1 STREET MIAMI FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Juan C. Gonzalez 4733 SW 1st Miami, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:	ILIANA GONZALEZ - PRESIDENT	Date: 7/15/05	Daytime Phone #: 305 443 5024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



ATTACHMENT
50057615
Alternative
Billing
Services...

July 15, 2005

Uniform Business Report
Division Of Corporation
P.O. Box 6198
Tallahassee, Fl. 32314

To Whom It May Concern:

Please be advised that we never received the previous notice requesting payment, in reference to the 2005 Uniform Business Report (UBR).

As per your recording enclosed in the \$150.00 payment and the Document #P95000065650 which we just received the post card notification in our office.

Please except our apology. Thank you for your prompt attention to this matter.

Sincerely,


Iliana Gonzalez, President

Our Services Will Enhance Your Practice

4733 S.W. 1st Street • Miami, Florida 33134 • Tel. (305) 443-5024 • Fax. (305)443-2825