2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 09, 2004 08:00 AM Secretary of State **DOCUMENT # P95000094437** 1. Entity Name A & C PROFESSIONAL BILLING, INC. Principal Place of Business Mailing Address 5512 S.W. 8 ST. 5512 S.W. 8 ST. CORAL GABLES FL 33134 SUITE 107-B CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0628990 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEREZ. ARQUIMIDES Street Address (P.O. Box Number is Not Acceptable) 5512 S.W. 8 ST. CORAL GABLES FL 33134 Zip Code City 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 agont and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition PSTD 7ITE E Delete TITLE U000000043810 PEREZ, ARQUIMEDES NAME NAME STREET ADDRESS 02/10/04-80080-003 150.00 STREET ADDRESS 5512 S.W. 8 ST CITY-SE-71P CORAL GABLES FL 33134 CRY-ST- ISP ☐ Change Addition Defete THLE THEF NAME NAME STREET ADDRESS STREET ADDRESS CRTY - ST - ZRP CITY-ST-7/P TITLE ☐ Delete ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP Change Change ☐ Addition TITLE ☐ Delete TEELE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP ☐ Delete 3333 F Change Addition THE NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP ☐ Change Addition MILE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CKTY - ST - ZIP CRTY-ST-78P 12. I hereby certify that the information supplied with this filling 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 suppliemental 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 Block 11 if changed, or on an attachment with ap address, with all other like empowered.

A Pepez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED