

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90134 019 \*\*\*150.00

**DOCUMENT # P98000026209**

1. Entity Name  
**ZODIAC BILLING, INC.**



Principal Place of Business  
**3750 SW 142 AVE.  
MIAMI, FL 33175 US**

Mailing Address  
**3750 SW 142 AVE.  
MIAMI, FL 33175 US**

**50006458**



03062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0823400**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

**JIMENEZ, ERNESTINA  
3750 SW 142 AVE  
MIAMI, FL 33175**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	JIMENEZ, ERNESTINA
STREET ADDRESS	3750 SW 142 AVE.
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	VP
NAME	JIMENEZ, EULOGIO
STREET ADDRESS	3750 SW 142 AVE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	T
NAME	EVIDIO JIMENEZ
STREET ADDRESS	3 SANDRA DR.
CITY-ST-ZIP	JACKSONVILLE Beach, FL 32240
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 exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- PREDICENT 3/13/06

Date

Daytime Phone #