2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026209

FILED
03 JUL 25 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
ZODIAC BILLING, INC

Principal Place of Business
14290 SW 16 Terr
Miami, FL 33175

Mailing Address
SAME

REINSTATEMENT 07-03
X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
14290 SW 16 TERR
Suite, Apt. #, etc.
Miami, FL
City & State
Zip 33175 Country USA

3. Mailing Address
Suite, Apt. #, etc.
City & State SAME
Zip / Country

4. FEI Number — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

Eileen Jimenez
15210 SW 48 TERR # H
Miami, FL 33185

7. Name and Address of New Registered Agent

Name ERNESTINA JIMENEZ
Street Address (P.O. Box Number is Not Acceptable) 14290 SW 16 TERR
City Miami, FL **FL** Zip Code 33175

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] — PRESIDENT — DATE 7/24/03
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Eileen Jimenez 14210 SW 37 St Miami, FL 33175	X Delete	P ERNESTINA JIMENEZ 14290 SW 16 TERR MIAMI, FL 33175	X Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	100021792801 07/25/03--01073--002 **900.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	100021792801 07/25/03--01073--003 **8.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 7/24/03 (305) 221-17-25
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ERNESTINA JIMENEZ

7/25