

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04-25-2005 90228 009 ***150.00
P99000105089

2005 APR 25 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000105089	
1. Entity Name PRESTIGE BILLING SERVICES, INC.	



Principal Place of Business 1800 W 49 ST #209 HIALEAH FL 33012	Mailing Address 1800 W 49 ST #209 HIALEAH FL 33012
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2. Principal Place of Business 2740 BAYSHORE DR Suite, Apt. #, etc. #17 City & State NAPLES, FL Zip 34112 Country FLORIDA	3. Mailing Address 2740 BAYSHORE DR Suite, Apt. #, etc. #17 City & State NAPLES, FL Zip 34112 Country FLORIDA
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[REDACTED]
1st MOORE CR2E034 (10/04)

4. FEI Number 65-0969377		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CARRERAS, CATALINA 1800 W. 49 STREET #209 HIALEAH FL 33012		7. Name and Address of New Registered Agent Name CATALINA CARRERAS Street Address (Box number is Not Acceptable) 2740 BAYSHORE DR. #17 City NAPLES FL Zip Code 34112

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PSTD CATALINA, CARRERA 1800 W. 49 STREET #209 HIALEAH FL 33012 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CATALINA CARRERAS 2740 BAYSHORE DR. #17 NAPLES, FL. 34112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **11-20-05 (7R) 251-8533**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone