

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2006 08:00 AM**  
**Secretary of State**

|                                                                            |                                                                                   |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # S09622</b><br>1. Entity Name<br>MIAMI BILLING SERVICES, INC. |  |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                     |                                                         |
|---------------------------------------------------------------------|---------------------------------------------------------|
| Principal Place of Business<br>12914 SW 132ND CT<br>MIAMI, FL 33186 | Mailing Address<br>12914 SW 132ND CT<br>MIAMI, FL 33186 |
|---------------------------------------------------------------------|---------------------------------------------------------|



02092006 No Chg-P CR2E034 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0278023 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                   |
|-----------------------------------------------------------|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |
|-----------------------------------------------------------|-----------------------------------|

**DO NOT WRITE IN THIS SPACE**

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>LOPEZ, EMILIO<br>12914 SW 132ND CT<br>MIAMI, FL 33186 |
|--------------------------------------------------------------------------------------------------------------|

**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**

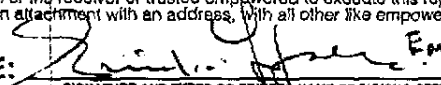
9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

| 10. OFFICERS AND DIRECTORS                     |                                                          |
|------------------------------------------------|----------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LOPEZ, JUAN J<br>12914 SW 132 CT<br>MIAMI, FL 33186 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LOPEZ, EMILIO<br>12914 SW 132 CT<br>MIAMI, FL 33186 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                          |

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02/24/06-80036-010 150.00

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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:**  Emilio LOPEZ 2-9-6 305-251-3991  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #