



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # S09622</b> 1. Entity Name MIAMI BILLING SERVICES, INC.	
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Principal Place of Business 12914 SW 132ND CT MIAMI, FL 33186	Mailing Address 12914 SW 132ND CT MIAMI, FL 33186
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<b>DO NOT WRITE IN THIS SPACE</b>
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03122008	No Chg-P CR2E034 (11/05)
4. FEI Number 65-0278023	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LOPEZ, EMILIO 12914 SW 132ND CT MIAMI, FL 33186
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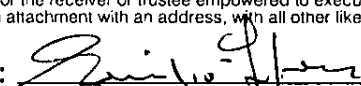
<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, JUAN J 12914 SW 132 CT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, EMILIO 12914 SW 132 CT MIAMI, FL 33186
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<p>U00000858370 04/01/08-80042-012 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	03-12-08 305-251-3991. Date Daytime Phone #