

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000058244

**Entity Name:** ABSOLUTE BILLING SERVICE, INC.

**Current Principal Place of Business:**

2450 SW 137TH AVENUE  
SUITE 226  
MIAMI, FL 33175

**Current Mailing Address:**

2450 SW 137TH AVENUE  
SUITE 226  
MIAMI, FL 33175 US

**FEI Number:** 65-0767020

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LASA, EVELIO  
762 NW 132ND COURT  
MIAMI, FL 33182 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PTSD  
Name LASA, EVELIO  
Address 762 NW 132ND CT  
City-State-Zip: MIAMI FL 33182

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** EVELIO LASA

**PRESIDENT**

**01/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date