## 2004 FOR PROFIT CORPORATION

## FILED Apr 15, 2004 08:00 AM Secretary of State

| ANNUAL REPORT                                                                   |                                                                     |  |  |  |  |  |  |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|--|--|--|--|--|--|
| DOCUMENT # 582346  1. Entity Name B & S VENTURES, INC.                          | -                                                                   |  |  |  |  |  |  |
| Principal Place of Business<br>2470 NE 201ST ST.<br>NORTH MIAMI BEACH, FL 33180 | Meiling Address<br>2470 NE 201ST ST.<br>NORTH MIAMI BEACH, FL 33180 |  |  |  |  |  |  |
|                                                                                 |                                                                     |  |  |  |  |  |  |

| Principal Place                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e of Business                                                               | Mailing Address                         | 1                             |                               |                       |                                  |                                                                                                                                          |  |
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| 2470 NE 201ST ST. 2470 NE 201ST ST. NORTH MIAMI BEACH, FL 33180 NORTH MIAMI BEACH, FL 33180                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             | 80                                      |                               |                               |                       |                                  |                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                         |                               | 02032004                      | No Chg-P              | CR2E034 (10/0                    |                                                                                                                                          |  |
| n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | O NOT WRITE                                                                 | N THIS SPA                              | CE                            |                               |                       |                                  | Applied For                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                         |                               | 4. FEI Number 59-1845         |                       |                                  | Not Applicable                                                                                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                         |                               | 5. Certificate o              | of Status Desired     | ☐ \$8.75<br>Fee Requ             | Additional<br>uired                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6. Name and Address of Current Rec                                          | istered Agent                           | s skielegische stimmer (s. 7) |                               |                       |                                  |                                                                                                                                          |  |
| BERNARD<br>2470 NE 2<br>NORTH M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                         |                               | ** ** *                       | NOT W<br>'HIS SF      |                                  |                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 79.0                                                                        |                                         |                               |                               | is the State of Sig   | ada I no fomiliar u              | incident and an east                                                                                                                     |  |
| <ol> <li>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.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                         |                               |                               |                       |                                  |                                                                                                                                          |  |
| SIGNATURE_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Signature, typed or printed name of registered agent and a                  | the dispolarities. *** (NOTE: Registere | q Ydest sidusine tedinet      | when reinstating)             |                       | DATE                             |                                                                                                                                          |  |
| 100 Mary 100 |                                                                             |                                         |                               |                               |                       |                                  |                                                                                                                                          |  |
| FIL<br>After Ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | E NOW!!! FEE IS \$150.00<br>ay 1, 2004 Fee will be \$550.00                 | Trust Fund Contribution.                |                               | OO May Be<br>ed to Fees       |                       |                                  |                                                                                                                                          |  |
| 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OFFICERS AND DIR                                                            | ECTORS                                  |                               | a professional and the second | magazitalini kaca hi. | it is wishing to                 | ا به الأربية المراجعية.<br>المراجعة المراجعة ا |  |
| Title<br>Name<br>Street address<br>City-St-21P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PD<br>BLOCK, RICHARD J<br>7560 REXFORD RD.<br>BOCA RATON, FL                |                                         |                               |                               |                       |                                  |                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DS<br>SULTAN, BERNARD W<br>2470 NE 201ST ST.<br>NORTH MIAMI BEACH, FL 33180 |                                         |                               |                               | U00000<br>04/15/04+   | 113435<br>60016 <sup>-</sup> 104 | 50.00                                                                                                                                    |  |
| ntle<br>Name<br>Street address<br>City-St-Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |                                         |                               | DO                            | NOT W                 | RITE                             |                                                                                                                                          |  |
| Title<br>Name<br>Street address<br>City-St-2P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |                                         |                               | INT                           | HIS SF                | ACE                              |                                                                                                                                          |  |
| TITLE<br>Name<br>Street Adoress<br>City-St-Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                         |                               |                               |                       |                                  |                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                         |                               |                               |                       |                                  |                                                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ertify that the information supplied with this                              | filling does not qualify for the exe    | motion stated in Se           | ction 119.07(3)(i)            | , Florida Statutes, I | further certify that th          | ie information                                                                                                                           |  |

Thereby certify that the information supplied with this filling 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.

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