

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 13, 2006 8:00 am**  
**Secretary of State**

06-13-2006 90001 014 \*\*\*150.00

**DOCUMENT # F04000006312**

1. Entity Name  
 BCP FINANCIAL EXPRESS, INC.



Principal Place of Business  
 255 LAFAYETTE STREET  
 NEWARK, NJ 07105

Mailing Address  
 ACCOUNTING DEPT  
 255 LAFAYETTE STREET  
 NEWARK, NJ 07105

**DO NOT WRITE IN THIS SPACE**



05222006 No Chg-P CR2E034 (11/05)

4. FEI Number  
 74-3116521

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**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**  
**Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	BELO, PEDRO J
STREET ADDRESS	255 LAFAYETTE STREET
CITY-ST-ZIP	NEWARK, NJ 07105
TITLE	DVT
NAME	VALADARES, RICARDO
STREET ADDRESS	255 LAFAYETTE STREET
CITY-ST-ZIP	NEWARK, NJ 07105
TITLE	DV
NAME	FOLHADEIA, LUC
STREET ADDRESS	255 LAFAYETTE STREET
CITY-ST-ZIP	NEWARK, NJ 07105
TITLE	DS
NAME	CAMPO, FRED S
STREET ADDRESS	255 LAFAYETTE STREET
CITY-ST-ZIP	NEWARK, NJ 07105
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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

Date

Daytime Phone #

*Fred S. Campo*

FRED S. CAMPO

(973) 522-3827