


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90253 050 ***150.00

DOCUMENT # P01000064201

1. Entity Name
B C INTERNATIONAL COMMUNICATIONS INC.



Principal Place of Business Mailing Address

11455 SOUTH ORANGE BLOSSOM TRAIL SUITE 15 ORLANDO, FL 32837

11455 SOUTH ORANGE BLOSSOM TRAIL SUITE 15 ORLANDO, FL 32837

2. Principal Place of Business - No P.O. Box #
7901 Kings Point Pkwy.

3. Mailing Address

Suite, Apt. #, etc. **3**


Suite, Apt. #, etc.

City & State **Orlando, FL**

City & State

Zip **32837** Country **ORANGE**

Zip Country



04292008 Chg-P CR2E034 (12/06)

4. FEI Number **59-3727469** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CAAMANO, LUIS
11455 S OBT STE 15
ORLANDO, FL 32837

7. Name and Address of New Registered Agent

Name **Luis Caamano**

Street Address (P.O. Box Number is Not Acceptable)
7901 Kings Point Pkwy.

Suite # 3

City **Orlando** FL Zip Code **32837**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CAAMANO, LUIS 11455 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition PTD Luis Caamano 7901 Kings Point Pkwy. STE 03 Orlando, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE **04-28-08** DAYTIME PHONE # **407 2260244**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR