

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000014103

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: B.C.I. NAVIGATIONAL SERVICES, INC.

**Current Principal Place of Business:**

5701 SW 72 AVE  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

5701 SW 72 AVE  
MIAMI, FL 33143

**New Mailing Address:**

FEI Number: 20-0632106      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ESPINOZA, GLADYS S  
5818 SW 68 ST  
SOUTH MIAMI, FL 33143      US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TELLEZ, RHINA A  
Address: 5701 SW 72 AVE  
City-St-Zip: MIAMI, FL 33143

Title: VP ( ) Delete  
Name: ESPINOZA, MARTIN D  
Address: 5701 SW 72 AVE  
City-St-Zip: MIAMI, FL 33143

Title: T ( ) Delete  
Name: ESPINOZA, GLADYS S  
Address: 1711 NW 5TH ST.  
City-St-Zip: MIAMI, FL 33125

Title: S ( ) Delete  
Name: ESPINOZA, NORMA  
Address: 1711 NW 5TH ST.  
City-St-Zip: MIAMI, FL 33125

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RHINA TELLEZ

P

04/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date