


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90273 010 \*\*\*158.75

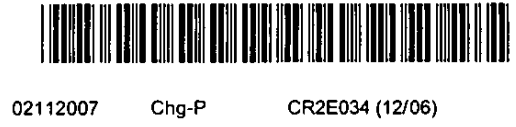
<b>DOCUMENT # P06000116723</b>	
1. Entity Name BCC SERVICE CORPORATION OF SOUTH FLORIDA	

Principal Place of Business 14903 SW 80TH ST 212 MIAMI, FL 33193 US	Mailing Address 14903 SW 80TH ST 212 MIAMI, FL 33193 US
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2. Principal Place of Business - No P.O. Box # 1151 SW 70 TERR Suite, Apt. #, etc.	3. Mailing Address 1151 SW 70 TERR Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL
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Zip 33173	Country US	Zip 33173	Country US
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6. Name and Address of Current Registered Agent BRIEVA, ENRIQUE 14903 SW 80TH ST 212 MIAMI, FL 33193	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	1151 SW 70 TERR
City	MIAMI FL
Zip Code	33173

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]* DATE: \_\_\_\_\_

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRIEVA, ENRIQUE		NAME BRIEVA, ENRIQUE	
STREET ADDRESS 14903 SW 80TH ST APT 212		STREET ADDRESS 1151 SW 70 TERR	
CITY-ST-ZIP MIAMI; FL 33193		CITY-ST-ZIP MIAMI FL 33173	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CABRERA, MIRIAM		NAME	
STREET ADDRESS 14903 SW 80TH ST APT 212		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33193		CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> Delete	TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CORDOBA, AMPARO		NAME VARGAS-CORDOBA, AMPARO	
STREET ADDRESS 14903 SW 80TH ST APT 212		STREET ADDRESS 1151 SW 70 TERR	
CITY-ST-ZIP MIAMI, FL 33193		CITY-ST-ZIP MIAMI FL 33173	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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]* DATE: 02/11/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR