

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

04-14-2008 90045 043 ***150.00

DOCUMENT # P06000116723
 1. Entity Name
 BCC SERVICE CORPORATION OF SOUTH FLORIDA



Principal Place of Business Mailing Address
 11151 SW 70TH TERRACE 11151 SW 70TH TERRACE
 MIAMI, FL 33173 US MIAMI, FL 33173 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 16446 SW 84TH LANE 16446 SW 84TH LANE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State MIAMI FL City & State MIAMI FL

Zip 33193-5738 Country USA Zip 33193-5738 Country USA



04062008 Chg-P CR2E034 (12/06)

4. FEI Number APPLIED FOR 20-5523924 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 BRIEVA, ENRIQUE
 11151 SW 70TH TERRACE
 MIAMI, FL 33173

7. Name and Address of New Registered Agent
 Name BRIEVA, ENRIQUE
 Street Address (P.O. Box Number is Not Acceptable)
 16446 SW 84TH LANE
 City MIAMI FL Zip Code 33193

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 04/06/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRIEVA, ENRIQUE 11151 SW 70TH TERRACE MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16446 SW 84TH LANE MIAMI FL 33193-5738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VARGAS-CORDOBA, AMAPARO 11151 SW 70TH TERRACE MIAMI, FL 33173 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VARGAS-CORDOBA, AMAPARO 11151 SW 70TH TERRACE MIAMI FL 33193-5738
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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
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: *[Signature]* DATE 04/06/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #