
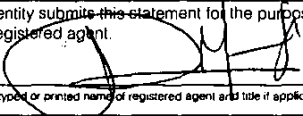
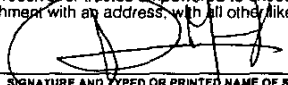


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90096 032 ***150.00

DOCUMENT # P06000121429			
1. Entity Name BCPUS INTERNATIONAL, INC.			
Principal Place of Business 201 ALHAMBRA CIR STE 711 CORAL GABLES, FL 33134		Mailing Address 201 ALHAMBRA CIR STE 711 CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box # <i>12581 SW 134 CT</i> Suite, Apt. #, etc. <i>UNIT 101</i>		3. Mailing Address <i>12581 SW 134 CT</i> Suite, Apt. #, etc. <i>UNIT 101</i>	
City & State <i>MIAMI FL</i>		City & State <i>MIAMI FL</i>	
Zip <i>33186</i>		Zip <i>33186</i>	
Country		Country	
4. FEI Number <i>20-5591771</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAPPORT, STEPHEN R 201 ALHAMBRA CIR STE 711 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name <i>MENDOZA, ALEXANDER R</i> Street Address (P.O. Box Number is Not Acceptable) <i>12581 SW 134 CT</i> <i>UNIT 101</i> City <i>MIAMI</i> FL Zip Code <i>33186</i>	
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.		ALEXANDER MENDOZA (NOTE: Registered Agent signature required when reinstating)	
DATE <i>01/16/07</i> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MENDOZA, ALEXANDER R		NAME <i>12581 SW 134 CT, UNIT 101</i>	
STREET ADDRESS 201 ALHAMBRA CIR STE 711		STREET ADDRESS <i>MIAMI FL 33186</i>	
CITY-ST-ZIP CORAL GABLES, FL 33134		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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		ALEXANDER R MENDOZA-PRES Date <i>01/16/07 (305)235-8020</i> Daytime Phone #	

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01162007 Chg-P CR2E034 (12/06)