

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90047 020 \*\*\*150.00

| <b>DOCUMENT # P03000068389</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| <b>1. Entity Name</b><br><b>B.V. ONE PROPERTIES INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| <b>Principal Place of Business</b><br><b>520 BRICKELL KEY DRIVE STE 0-305</b><br><b>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    | <b>3. Mailing Address</b> |                                                                                                                                                                                                                                        |                                                                                                        |  |                            |  |  |                                                       |  |  |       |                                                    |  |       |                                                                                                 |  |      |                         |  |      |                           |  |                |                 |  |                |                           |  |             |  |  |             |  |  |       |                                 |  |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    | Suite, Apt. #, etc.       |                                                                                                                                                                                                                                        | <b>04062004    Chg-P    CR2E034 (10/03)</b>                                                            |  |                            |  |  |                                                       |  |  |       |                                                    |  |       |                                                                                                 |  |      |                         |  |      |                           |  |                |                 |  |                |                           |  |             |  |  |             |  |  |       |                                 |  |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |                                            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| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                    | City & State              |                                                                                                                                                                                                                                        | <b>4. FEI Number</b><br><b>54-2115638</b>                                                              |  |                            |  |  |                                                       |  |  |       |                                                    |  |       |                                                                                                 |  |      |                         |  |      |                           |  |                |                 |  |                |                           |  |             |  |  |             |  |  |       |                                 |  |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    | Country                   |                                                                                                                                                                                                                                        | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |                            |  |  |                                                       |  |  |       |                                                    |  |       |                                                                                                 |  |      |                         |  |      |                           |  |                |                 |  |                |                           |  |             |  |  |             |  |  |       |                                 |  |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>TRANSGLOBAL CORPORATE ADMINISTRATION INC</b><br><b>520 BRICKELL KEY DRIVE STE 0-305</b><br><b>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                           | <b>7. Name and Address of New Registered Agent</b><br>Name: <b>CHARLES TAVARES</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>444 BRICKELL AVENUE, STE 415</b><br>City: <b>MIAMI</b> <b>FL</b> Zip Code: <b>33131</b> |                                                                                                        |  |                            |  |  |                                                       |  |  |       |                                                    |  |       |                                                                                                 |  |      |                         |  |      |                           |  |                |                 |  |                |                           |  |             |  |  |             |  |  |       |                                 |  |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| SIGNATURE: <span style="float: right;">4/6/04</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                           | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                                      |                                                                                                        |  |                            |  |  |                                                       |  |  |       |                                                    |  |       |                                                                                                 |  |      |                         |  |      |                           |  |                |                 |  |                |                           |  |             |  |  |             |  |  |       |                                 |  |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |                                 |  |       |                                                                   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">D TAVARES, CHARLES <input type="checkbox"/> Delete</td> <td style="width: 20%; padding: 2px;"></td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">D TAVARES, CHARLES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 20%; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">444 BRICKELL AVE STE421</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">444 BRICKELL AVE, STE 415</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">MIAMI, FL 33131</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">MIAMI, FLORIDA 33131-2405</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td></td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td></td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td></td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td></td> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> </table> |                                                    |                           |                                                                                                                                                                                                                                        |                                                                                                        |  | 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | D TAVARES, CHARLES <input type="checkbox"/> Delete |  | TITLE | D TAVARES, CHARLES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  | NAME | 444 BRICKELL AVE STE421 |  | NAME | 444 BRICKELL AVE, STE 415 |  | STREET ADDRESS | MIAMI, FL 33131 |  | STREET ADDRESS | MIAMI, FLORIDA 33131-2405 |  | 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 |  |  | 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 |  |  |
| 10. 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| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| <b>SIGNATURE:</b> <span style="float: right;">4/6/04    3053710707</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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