

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 575080

FILED  
Apr 18, 2009  
Secretary of State

Entity Name: BUSINESS CONSULTANTS INTERNATIONALE, CORPORATION

## Current Principal Place of Business:

5025 COLLINS AVE.  
APT. 1001  
MIAMI BEACH, FL 33140

## New Principal Place of Business:

11300 SW 67 AVE  
MIAMI, FL 33156

## Current Mailing Address:

5025 COLLINS AVE.  
APT. 1001  
MIAMI BEACH, FL 33140

## New Mailing Address:

11300 SW 67 AVE  
MIAMI, FL 33156

FEI Number: 59-1910335

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRODIE, SIDNEY Z  
7270 NW 12 ST.  
PENTHOUSE-1  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

BRODIE, SIDNEY Z  
1150 N W 72 AVE  
PH  
MIAMI, FL 33126 US

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:

04/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CAPO, GERARDO  
Address: 5025 COLLINS AVE APT 1001  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VD ( ) Delete  
Name: CAPO, CARMEN  
Address: 5025 COLLINS AVE, 10TH FLOOR  
City-St-Zip: MIAMI BEACH, FL 33140

Title: V ( ) Delete  
Name: CAPO, ALEJANDRO  
Address: 5025 COLLINS AVE  
City-St-Zip: MIAMI BEACH, FL 33140

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CAPO, GERARDO  
Address: 11300 SW 67 AVE  
City-St-Zip: MIAMI, FL 33156

Title: VD (X) Change ( ) Addition  
Name: CAPO, CARMEN  
Address: 11300 SW 67 AVE  
City-St-Zip: MIAMI, FL 33156

Title: V (X) Change ( ) Addition  
Name: CAPO, ALEJANDRO  
Address: 2820 LAKE AVE  
City-St-Zip: MIAMI BEACH, FL 33140

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: GERARDO CAPO

PD

04/18/2009

Electronic Signature of Signing Officer or Director

Date