## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000001374

FILED Sep 29, 2004 Secretary of State

Entity Name: BIZCAPITAL BUSINESS & INDUSTRIAL DEVELOPMENT CORPORATION

Current Principal Place of Business:				New Principal Place of Business:		
2201 VETERANS MEMORIAL BLVD., SUITE 306 METAIRIE, LA 70002				111 VETERANS MEMORIAL BLVD., SUITE 1240 METAIRIE, LA 70005		
Current Mailing Address:				New Mailing Address:		
2201 VETERANS MEMORIAL BLVD., SUITE 306 METAIRIE, LA 70002				111 VETERANS MEMORIAL BLVD., SUITE 1240 METAIRIE, LA 70005		
FEI Number:	72-1263004	FEI Number Applied For ( )	FEI Numb	er Not Applie	cable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:	N	lame and	Address of N	ew Registered Agent:
COCKSHUTT, TIMOTHY G 100 NORTH TAMPA STREET, SUITE 2410 TAMPA, FL 33602 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:						
		ic Signature of Registered Agen	nt			Date
Election Cam		3(2)(b), F.S., the corporation did not g Trust Fund Contribution ( ).				TO OFFICERS AND DIRECTORS
Title:		Delete	Ti	itle:	PD (X)	Change ( ) Addition
Name: Address: City-St-Zip:	BROCATO, JOH	IN M IS MEMORIAL BLVD., SUITE 306	N A	ame: ddress: ity-St-Zip:	BROCATO, JOH	IN M MEMORIAL BLVD., SUITE 1240
Title:	AS ()	Delete	Ti	itle:	AS (X)	Change ( ) Addition
Name: Address:	SMITH, FLOYD 2201 VETERAN	L IS MEMORIAL BLVD., SUITE 306		ame: ddress:	SMITH, FLOYD	L MEMORIAL BLVD., SUITE 1240
City-St-Zip:	METAIRIE, LA			ity-St-Zip:	METAIRIE, LA	
Title:		Delete		itle:	( )	Change ( ) Addition
Name: Address:	BROWN, CHRIC	CHTON W STREET, SUITE 2230		ame: ddress:		
City-St-Zip:	NEW ORLEANS	*		ity-St-Zip:		
Title:	٠,,	Delete		itle:	( )	Change ( ) Addition
Name: Address:	JOHNSON, MIC	HAEL T STREET, SUITE 2230		ame: ddress:		
City-St-Zip:	NEW ORLEANS	•		ity-St-Zip:		
Title:		Delete		itle:	( )	Change ( ) Addition
Name: Address:	STULL, STEVE	NT STREET, SUITE 2230		ame: ddress:		
City-St-Zip:	NEW ORLEANS			ity-St-Zip:		
Title:	. ,	Delete		itle:	( )	Change ( ) Addition
Name: Address:	BERGMANN, DA			ame: ddress:		
City-St-Zip:	ST. LOUIS, MO	HBLVD., SUITE 1850 63105		aaress: ity-St-Zip:		
•				•		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL T JOHNSON AS 09/29/2004