
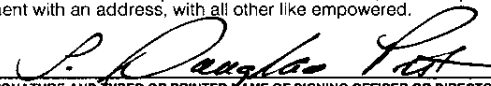


2004 FOR PROFIT CORPORATION ANNUAL REPORT

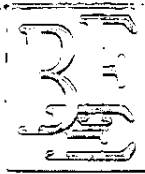
FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90075 021 ***150.00

DOCUMENT # F02000001402 1. Entity Name BFEN, INC.					
Principal Place of Business 125 WORTH AVENUE, SUITE 219 PALM BEACH, FL 33480			Mailing Address 125 WORTH AVENUE, SUITE 219 PALM BEACH, FL 33480		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 94-3038456	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE, SUITE 500E WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	CPD BURNS, BRIAN P 125 WORTH AVENUE, SUITE 219 PALM BEACH, FL 33480 <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	D WOODBERRY, PAUL 100 BUSH STREET, SUITE 1250 SAN FRANCISCO, CA 94104 <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	D MILLARD, CHARLES E 100 BUSH STREET, SUITE 1250 SAN FRANCISCO, CA 94104 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas C. Quick 100 Bush Street, Suite 1250 San Francisco, CA 94104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCELVENNY, RALPH T JR. 100 BUSH STREET, SUITE 1250 SAN FRANCISCO, CA 94104 <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	CFO POST, S. DOUGLAS 100 BUSH STREET, SUITE 1250 SAN FRANCISCO, CA 94104 <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	SVP ARONOFF, STUART B 100 BUSH STREET, SUITE 1250 SAN FRANCISCO, CA 94104 <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 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.					
SIGNATURE: 			1/13/04 415-989-6580 <small>Date Daytime Phone #</small>		



01132004 Chg-P CR2E034 (10/03)



Attachment

B F ENTERPRISES, INC. *To 2000001402*

100 BUSH STREET
SUITE 1250
SAN FRANCISCO, CA 94104
TELEPHONE (415) 989-6580
FACSIMILE (415) 788-5756

January 14, 2004

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: BF Enterprises, Inc.

To Whom It May Concern:

Enclosed please find the 2004 Uniform Business Report for BF Enterprises, Inc. together with our check in the amount of \$150.00 representing the filing fee.

Please stamp the enclosed copy of this letter and return it in the envelope provided so that our files will reflect acknowledgement of receipt.

Very truly yours,

A handwritten signature in cursive script, appearing to read 'Linda J. Papciak'.

Linda J. Papciak

ljp
Enclosures

Attachment

B F ENTERPRISES, INC. FO 2000001402

100 BUSH STREET
SUITE 1250
SAN FRANCISCO, CA 94104
TELEPHONE (415) 989-6580
FACSIMILE (415) 788-5756

January 14, 2004

COPY

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: BF Enterprises, Inc.

To Whom It May Concern:

Enclosed please find the 2004 Uniform Business Report for BF Enterprises, Inc. together with our check in the amount of \$150.00 representing the filing fee.

Please stamp the enclosed copy of this letter and return it in the envelope provided so that our files will reflect acknowledgement of receipt.

Very truly yours,



Linda J. Papciak

ljp
Enclosures