


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90267 045 ***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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 94-3038456	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE, SUITE 500E WEST PALM BEACH FL 33401				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CPD	<input type="checkbox"/> Delete		TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURNS, BRIAN P			NAME	Brian P. Burns		
STREET ADDRESS	125 WORTH AVENUE, SUITE 219			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL 33480			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WOODBERRY, PAUL			NAME	Brian P. Burns, Jr.		
STREET ADDRESS	100 BUSH STREET, SUITE 1250			STREET ADDRESS	100 Bush St., Ste. 1250		
CITY-ST-ZIP	SAN FRANCISCO CA 94104			CITY-ST-ZIP	San Francisco, CA 94104		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUICK, THOMAS C			NAME			
STREET ADDRESS	100 BUSH STREET, SUITE 1250			STREET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO CA 94104			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCELVENNY, RALPH T JR.			NAME			
STREET ADDRESS	100 BUSH STREET, SUITE 1250			STREET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO CA 94104			CITY-ST-ZIP			
TITLE	CFO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POST, S. DOUGLAS			NAME			
STREET ADDRESS	100 BUSH STREET, SUITE 1250			STREET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO CA 94104			CITY-ST-ZIP			
TITLE	SVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARONOFF, STUART B			NAME			
STREET ADDRESS	100 BUSH STREET, SUITE 1250			STREET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO CA 94104			CITY-ST-ZIP			

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:  **S. Douglas Post** **4/5/05** **415-989-6580**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #