

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000262

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: BCR CAPITAL STRATEGIES, INC.

## Current Principal Place of Business:

1815 N. SURF RD., #604  
HOLLYWOOD, FL 33019

## New Principal Place of Business:

1815 N. SURF RD., #604  
HOLLYWOOD, FL 33019 US

## Current Mailing Address:

P.O. BOX 218  
DANIA, FL 33004

## New Mailing Address:

P.O. BOX 218  
DANIA, FL 330040218 US

FEI Number: 04-3686269

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REEVES, ALFRED  
1815 N. SURF RD., #604  
HOLLYWOOD, FL 330192525 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: REEVES, BRIGGS C  
Address: BOX 232 ORCHARD RD.  
City-St-Zip: CLAVERACK, NY 12513

Title: VCP ( ) Delete  
Name: CALABRIA, JOHN J  
Address: 13469 WM. MEYER COURT  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DST ( ) Delete  
Name: REEVES, ALFRED  
Address: 1815 N. SURF RD., #604  
City-St-Zip: HOLLYWOOD, FL 33019

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-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: ALFRED REEVES

DST

04/29/2004

Electronic Signature of Signing Officer or Director

Date