## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 20, 2005 8:00 am Secretary of State 04-20-2005 90315 004 \*\*\*158.75

Principal Place of Business 1915 N. SURF PD. #604 PD. BOX 219 DANIA, R. 33004-0218 US  AMBRITO, Address PD. BOX 219 DANIA, R. 33004-0218 US  AMBRITO, Address Surfe, Apr. 4. etc.  Surfe, Apr. 4. etc. Surfe,	DOCUMENT # F0300000262  1. Entity Name BCR CAPITAL STRATEGIES, INC.							7 70013 004 1	36.73
## Principal Place of Businese ## COD S. IV.	Principal Plac	e of Business	Mailing Address	l			~03934	7	
2. Principal Place of Basinery				B US					
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Suite, Apt. #, etc.    Suite, Apt. #, etc.			3. Mailing Address						
Table   And Park   Food   Fo	Suite Apt.	#, etc. E #1	Suite, Apt. #, etc.	ÿ		04162005	Chg-P	CR2E034 (10/03)	
S. Certificate of Status Desired St. Secretary S. Country S. Certificate of Status Desired St. Secretary St. Secre	City & Stat	dale Beach FC	City & State				269		
REEVES, ALFRED  131-5.N. SUPPLY RD., #694  HOLLYWOOD, FL. 39919-2626  B. The above nerved with y submits payestatement for the purpose of changing its registered agent, or both, in the State of Foride. I am familiar with, and accept the objection of registering agent and the depokable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  TITLE  OFFICERS AND DIRECTORS  TITLE  MAKE  CITY-SI-2P  FALM BEACH GARDENS, FL 33410  Deten  TITLE  NAME  SIRE! AUGRESS  CITY-SI-2P  TITLE  NAME  SIRE! AUGRESS  CITY-SI-2P  TITLE  Deten  TITLE  NAME  SIRE! AUGRESS  CITY-SI-2P  TITLE  NAME  SIRE! A			Zip	Country		5. Certificate of	Status Desired		
REEVES, ALFRED  1815 N. SUPRE PRD., #804-    HOLLYWOOD, FL. 39019-2525-   Glob, E. #1   City   FL Zip Code    City   FL Zip Code   City Code   City Code Code   City Code Code   City Code Code Code			legistered Agent			7. Name and A	idress of New R	legistered Agent	
SIGNAQUEE SIGNAQUEE STEET ADDRESS OF STE	REEVES.	ALFRED	4						
B. The above namedy entity submits phis-statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the changing from control or opasity and agent.    Control	1815 N. SURF RD.; #604 /600 S. W. // Ave Street Address (P.O. Box Number is Not Acceptable)								
B. The above namedy entity submits phis-statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the changing from control or opasity and agent.    Control	HOLLIWO	13/dq	E#1	246					
THE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  10. OFFICERS AND DIRECTORS TRUE FUNDED  10. OFFICERS AND DIRECTORS TRUE FUNDES CITY-ST-2P  TOTE  NAME CALABRIA, JOHN J  TITLE  OBST CITY-ST-2P  Delde  TITLE  DEST CITY-ST-2P  TITLE  DEST CITY-ST-2P  TITLE  DELGE T		[challen	dal (BCOUNTC)	City				FL Zip Coo	le
SIGNATURE    Section Note   Section			the purpose of changing its	registered office o	register	ed agent, or both,	in the State of Flo	orida. I am familiar with	and accept
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.   TITLE NAME SIRES AND DIRECTORS  CITY-ST-2P  CALABRIA, JOHN J SIRES ANDERS CITY-ST-2P  TITLE NAME SIRES ANDERS CITY-ST-2P  TITLE NAME SIRES ANDERS CITY-ST-2P  TITLE NAME SIRES ANDERS CITY-ST-2P  CHANGES CITY-ST-2P  CITY-ST-2P  CHANGES CITY-ST-2P  CHANGE SIRES ANDERS CITY-ST-2P  CHANGES CITY-ST-2P  CHANGE SIRES ANDRESS CITY-ST-2P  CHANGES CITY-ST-2P  CHANGE CHANGE CHANGES CITY-ST-2P  CHANGES CHANGES CITY-ST-2P  CHANGES CHANGES CITY-		you Kan	- AHEORE	eves The	903 WK	on_	U	Kelos	
After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   C   C   Change   Addition    NAME   STREET ADDRESS   CITY-ST-2P    TITLE   CALABRIA, JOHN J   13469 WM. MEYER COURT   PALM BEACH GARDENS, FL 33410    TITLE   DST   REEVES, ÄLFRED   Delete   TITLE   NAME    STREET ADDRESS   1815 N-SURR-RD , #604   HOLLYWOOD, FL 33019    TITLE   NAME   Delete   TITLE   NAME   STREET ADDRESS    CITY-ST-2P   TITLE   C   C   C   C   C   C    NAME   STREET ADDRESS   C   C   C   C   C    NAME   STREET ADDRESS   C   C   C   C    NAME   STREET ADDRESS   C   C   C   C    NAME   STREET ADDRESS   C    NAME   STREET ADDRESS   C   C    NAME   STREET ADDRESS   C    NAME   STREET ADDRESS   C    NAME   STREET ADDRESS   C    NAME   C   C    NAME   C   C   C    NAME   C   C	SIGNATURE	Signature, typed or printed name of registered agent ar						DATE	
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I nereby 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.