


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F9600000188
1. Entity Name
B.C.M.C., INC.



Principal Place of Business Mailing Address
PO BOX 3285 PO BOX 3285
HALLANDALE, FL 33008-3285 HALLANDALE, FL 33008-3285

DO NOT WRITE IN THIS SPACE


01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0608852 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BASS, MARILYN
2851 NE 183 ST
NORTH MIAMI BEACH, FL 33160

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BASS, MARILYN 2851 N.E. 183 ST. NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BASS, LEWIS 2851 N.E. 183 ST. NORTH MIAMI BEACH, FL 33160
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02/21/05-80029-007 150.00

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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: Marilyn Bass MARILYN BASS 2/18/05 800-341-8869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #