


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90218 007 \*\*\*150.00

<b>DOCUMENT # G29408</b>			
1. Entity Name <b>B.C. HOLDINGS, INC.</b>			
Principal Place of Business <b>2303 W MCNAB RD STE 7 POMPAÑO BEACH, FL 33069 US</b>		Mailing Address <b>2303 W MCNAB RD STE 7 POMPAÑO BEACH, FL 33069 US</b>	
2. Principal Place of Business <b>150 Bradley Place</b>		3. Mailing Address <b>150 Bradley Place</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Palm Beach, FL</b>		City & State <b>Palm Beach, FL</b>	
Zip <b>33480</b>	Country <b>USA</b>	Zip <b>33480</b>	Country <b>USA</b>
4. FEI Number <b>59-2409670</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RUNDLE, TERRY 2303 W MCNAB RD STE 7 POMPAÑO BEACH, FL 33069</b>		7. Name and Address of New Registered Agent <b>Eugene W. Murphy, Jr. Street Address (P.O. Box Number is Not Acceptable) 340 Royal Palm Way, Suite 100 City <b>Palm Beach</b> FL <b>33480</b></b>	
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 <i>Eugene W. Murphy, Jr.</i> DATE <b>4-22-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P DOLATS, DORREZ 2605 E. ATLANTIC BLVD. #212 POMPAÑO BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President Dorrez Dolats 150 Bradley Place Palm Beach, FL 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MERKT, JACQUES 2605 E. ATLANTIC BLVD. STE 212 POMPAÑO BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Vice President Peri Dolats 150 Bradley Place Palm Beach, FL 33480 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST RUNDLE, TERRY 2303 W MCNAB RD STE 7 POMPAÑO BEACH, FL 33069 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Treasurer Kamyar Pahlavi 150 Bradley Place Palm Beach, FL 33480 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Secretary Sarvenaz Pahlavi 150 Bradley Place Palm Beach, FL 33480 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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: <i>[Signature]</i>		04-22-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

**94061921**



04212004 Chg-P CR2E034 (10/03)