2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2007 8:00 am Secretary of State

Change

Addition

ANNOAL REPORT								_		- J	J = ~ •	
DOCUMENT # L02920 1. Entity Name B & C CQRPORATE SERVICES, INC.								02-23-2007	90042 0	34 ***15	0.00	
	•	·					TIEL .					
Principal Plac ONE BISCAYN 2 S BISCAYN	NE TOWER,2 E BLVD	Mailing Address ONE BISCAYNE TOWER,21ST FL 2 S BISCAYNE BLVD			20004991							
MIAMI, FL 33131 US MIAM				IAMI, FL 33131 US								
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02152007	Chg-P	CR2E0	34 (12/06)			
City & State			City & State				4. FEI Number 65-0204				oplied For ot Applicable	
Zip	_	Country Zip			Countr	ry		5. Certificate o	f Status Desired		\$8.75 Add	ditional
	6. Name	and Address of Current	l Registered Ad	rent	Т	· · · · · · · · · · · · · · · · · · ·		7. Name and	Address of New R	egistered (
SEGAL, M						Name						
ONE BISCAYNE TOWER 21ST FK 2 S BISCAYNE BLVD						Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33131												
						City				FL	Zip Coc	e
8. The above the obligat	named entit	y submits this statement fo tered agent.	r the purpose	of changing its re	gistere	d office or	register	ed agent, or both	, in the State of Flo	orida. Lam	familiar with,	and accept
_	_	•										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required								when reinstating)		DATE		
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.								00 May Be ed to Fees				
10.		OFFICERS AND	DIRECTORS		11.			ADDITIONS/0	HANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE NAME	D (Duplicate/			☑ Delete	,	VP		_		☐ Change	X Addition	
STREET ADDRESS	SEGAL, MIKE 201 SOUTH BISCAYNE BLVD., SUITE 3000				NAME STREE	T ADDRESS	Sanders, Lourdes 2 S. BiscaynecBlvd., 21st Fl					1.
CITY-ST-ZIP	MIAMI, FI	L 33131				ST-ZIP	Mia	mi, FL	33131			
TITLE NAME	DE OLIVEIRA, MIRIAM A			☐ Delete	TITLE NAME		DP Rav	mond, M	ark F		☐ Change	X Addition
STREET ADDRESS CITY-ST-ZIP	2 S BISCAYNE BLVD 21ST FL MIAMI, FL 33131					T ADDRESS ST-ZIF	2 S	. Bisca	yne Blv	d., 2	1st F	1.
TITLE	D			☐ Delete	TITLE		міа	mi, FT.	33131		☐ Change	Addition
NAME	SEGAL, N				NAME							
STREET ADDRESS CITY-ST-ZIP	MIAMI, FI	AYNE BLVD 21ST FL L 33131				t address St-Zip						
TITLE	VP			☐ Delete	TITLE						☐ Change	☐ Addition
NAME CONCERT ADDRESS		MURRAY D			NAME							
STREET ADDRESS CITY-ST-ZIP	MIAMI, FI	AYNE BLVD 21ST FL L 33131				T ADDRESS ST-ZIP						
TITLE	VP			Delete	TITLE						☐ Change	Addition
NAME	1	O-MERMELL, JEANET			NAME							
STREET ADDRESS						T ADDRESS						
CITY-ST-ZIP	MILANI, FI	_ 33131			CHY-	ST-ZIP	I					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Luce fee co	2/16/07	305-373-9419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

☐ Delete

TITLE

CITY-ST-ZIP

VΡ

FASCO, GISELA

STREET ADDRESS 2 S BISCAYNE BLVD 21ST FL

MIAMI, FL 33131