



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90067 018 \*\*\*158.75

<b>DOCUMENT # M04703</b> 1. Entity Name <b>BUSINESS COMMUNICATION PRODUCTS, INC.</b>					
Principal Place of Business <b>6405 NW 36TH ST. 102 VIRGINIA GARDENS, FL 33166 US</b>			Mailing Address <b>6405 NW 36TH ST. 102 VIRGINIA GARDENS, FL 33166 US</b>		
2. Principal Place of Business - No P.O. Box # <b>5783 SW 40 ST.</b>		3. Mailing Address <b>5783 SW 40 ST</b>			
Suite, Apt. #, etc. <b>#306</b>		Suite, Apt. #, etc. <b>#306</b>			
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>			
Zip <b>33155</b>		Zip <b>33155</b>			
Country <b>USA</b>		Country <b>USA</b>		04092008 Chg-P CR2E034 (12/06)	
4. FEI Number <b>59-2441812</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>RAMES, G.C. 6405 NW 36TH ST., #102 VIRGINIA GARDENS, FL 33166</b>	
7. Name and Address of New Registered Agent Name <b>DOUGLAS W. OESTERLE</b> Street Address (P.O. Box Number is Not Acceptable) <b>9506 S. RED ROAD</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33156</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 <u><i>Douglas W. Oesterle</i></u> DATE <u><b>4/17/08</b></u> <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, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PSTD RAMES, G.C. 6405 NW 36TH ST., #102 VIRGINIA GARDENS, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>5783 SW 40 ST. #306 MIAMI FL 33155</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DV RAMES, C L 6405 NW 36TH ST., #102 VIRGINIA GARDENS, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>5783 SW 40 ST. #306 MIAMI FL 33155</b>		<input checked="" 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		<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		<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		<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u><i>Geoffrey C. Rames</i></u> <b>GEORGEY C. RAMES, President</b> <b>4/17/08</b> <b>305-876-9895</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *</small>					