


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000063839

1. Entity Name
BSI REALTY, INC.



90113546

Principal Place of Business 168 S.E. 1ST STREET #801 MIAMI, FL 33131	Mailing Address 168 S.E. 1ST STREET #801 MIAMI, FL 33131
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2. Principal Place of Business 14 NE 1st Avenue #907	3. Mailing Address 14 NE 1st Avenue #907
Suite, Apt. #, etc. St. #907	Suite, Apt. #, etc. St. #907
City & State MIAMI FL	City & State MIAMI FL
Zip 33132 Country USA	Zip 33132 Country USA



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SHERMAN, BRYAN
 168 S.E. 1ST STREET #801
 MIAMI, FL 33131

4. FEI Number
65-1020806

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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 *Bryan Sherman* **Bryan Sherman - President** DATE **4/24/03**

Signature of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering.)

FILE NOW! FEE IS \$150.00
 After May 1, 2003 Fee will be \$500.00
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD	TITLE	
NAME	SHERMAN, BRYAN <input type="checkbox"/> Delete	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	168 S.E. 1ST STREET #801	STREET ADDRESS	14 NE 1st Avenue #907
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	MIAMI, FL 33132
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: *Bryan Sherman* **Bryan Sherman President** DATE **4/24/03** # **3059928815**

Signature and typed or printed name of signing officer or director

CFR034 (10/02)