

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000085661

FILED
Apr 27, 2006
Secretary of State

Entity Name: BCDIRECT CORP.

Current Principal Place of Business:

P.O. BOX 694262
MIAMI, FL 33269 US

New Principal Place of Business:

15625 NW 15 AVENUE
MIAMI, FL 33169 US

Current Mailing Address:

P.O. BOX 694262
MIAMI, FL 332694262 US

New Mailing Address:

FEI Number: 65-1039211 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CATLIN SAXON EVANS FINK KOLSKI & ROMANEZ
2600 DOUGLAS ROAD
SUITE #1109
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LACAL, LUIS A
Address: P.O. BOX 694262
City-St-Zip: MIAMI, FL 33269 US

Title: VP () Delete
Name: LACAL, JUAN C
Address: P.O. BOX 694262
City-St-Zip: MIAMI, FL 33269 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS A. LACAL

P

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date