


2007 FOR PROFIT CORPORATION ANNUAL REPORT


DOCUMENT # P0000085661 1. Entity Name BCDIRECT CORP.	
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Principal Place of Business 15625 NW 15 AVENUE MIAMI, FL 33169 US	Mailing Address P.O. BOX 694262 MIAMI, FL 33269-4262 US
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FILED

07 APR 26 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262007 No Chg-P CR2E034 (11/05)

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4. FEI Number 65-1039211	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

5/02/06 60300 020
\$145.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LACAL, LUIS A P.O. BOX 694262 MIAMI, FL 33269
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LACAL, JUAN C P.O. BOX 694262 MIAMI, FL 33269
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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: _____ Date: **04/26/07** Daytime Phone #: **305.623.3838**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR