



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90420 018 \*\*\*150.00

<b>DOCUMENT # P00000100138</b>																																																																																																																																			
<b>1. Entity Name</b> <b>B P S GROUP, INC.</b>																																																																																																																																			
<b>Principal Place of Business</b> <b>182 LAKEVIEW DR., B-14-102</b> <b>WESTON, FL 33326</b>			<b>Mailing Address</b> <b>182 LAKEVIEW DR., B-14-102</b> <b>WESTON, FL 33326</b>																																																																																																																																
<b>2. Principal Place of Business</b> <b>135 GABLES BLVD</b>		<b>3. Mailing Address</b> <b>135 GABLES BLVD</b>																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302004    Chg-P    CR2E034 (10/03)																																																																																																																															
<b>City &amp; State</b> <b>WESTON, FL</b>		<b>City &amp; State</b> <b>WESTON, FL</b>		<b>4. FEI Number</b> <b>65-1047874</b>																																																																																																																															
<b>Zip</b> <b>33326</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																															
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>																																																																																																																																
<b>IGLESIAS, ADOLFO E</b> <b>13501 SW 128TH ST.</b> <b>MIAMI, FL 33186</b>			<b>Name</b>  <b>Street Address (P.O. Box Number is Not Acceptable)</b>   <b>City</b> <b>FL</b> <b>Zip Code</b>																																																																																																																																
<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.</b>																																																																																																																																			
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">           PD            BLANCO, GUSTAVO H.            182 LAKEVIEW DR., B-14-102            WESTON, FL 33326         </td> <td style="width: 10%; padding: 2px; text-align: right;">Delete <input type="checkbox"/></td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">           PD            BLANCO, GUSTAVO H.            135 GABLES BLVD.            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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>																																																																																																																																			
<b>SIGNATURE:</b> _____ <b>04/30/04</b>																																																																																																																																			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #																																																																																																																																			