FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90029 004 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000103095

1. Entity Name
B & C CONSULTING SERVICES, INC.

44016636

Principal Place of Business	Mailing Address
820 TIVOLI CIRCLE 106 DEERFIELD BEACH, FL 33441	820 TIVOLI CIRCLE 106 DEERFIELD BEACH, FL 33441

01132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
808 Tivoli Circle	808 Tivoli Circle
Suite, Apt. #, etc. Apt. 101	Suite, Apt. #, etc. Apt. 101
City & State Deerfield Bch, FL	City & State Deerfield Bch, FL
Zip 33441 Country US	Zip 33441 Country US

4. FEI Number 65-1057018 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOVIO, BEATRIZ E 820 TIVOLI CIRCLE #106 DEERFIELD BEACH, FL 33441	Name BOVIO, Beatriz E. Street Address (P.O. Box Number is Not Acceptable) 808 Tivoli Circle Apt. 101 City Deerfield Bch FL Zip Code 33441

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, 2004 Fee will be $550.00

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 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS BOVIO, BEATRIZ E BEA 627 ANDERSON CIRCLE APT 306 DEERFIELD BEACH, FL 33441 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS BOVIO, BEATRIZ E. 808 TIVOLI CIRCLE APT 101 DEERFIELD BCH., FL 33441 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: [signature] 3/8/04 (954) 2341530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #