

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 12 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000103095 1. Entity Name B & C CONSULTING SERVICES, INC.			
Principal Place of Business 808 TIVOLI CIRCLE APT 101 DEERFIELD BEACH, FL 33441		Mailing Address 808 TIVOLI CIRCLE APT 101 DEERFIELD BEACH, FL 33441	
2. Principal Place of Business 14545 J Military Trail		3. Mailing Address 14545 J Military Trail	
Suite, Apt. #, etc. # 254		Suite, Apt. #, etc. # 254	
City & State Delray Beach, FL		City & State Delray Beach, FL	
Zip 33484		Zip 33484	
Country USA		Country USA	
4. FEI Number 65-1057018		<input type="checkbox"/> 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 BOVIO, BEATRIZ E 800 N. CONGRESS AVENUE #A207 DELRAY BEACH, FL 33445		7. Name and Address of New Registered Agent Name BOVIO, BEATRIZ E. Street Address (P.O. Box Number is Not Acceptable) 14545 J Military Trail # 254 City Delray Beach FL Zip Code 33484	
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 <small>Signature, typed or printed name of registered agent and not applicable.</small>		DATE 10/09/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BOVIO, BEATRIZ E BEA 808 TIVOLI CIRCLE APT 101 DEERFIELD BEACH, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BOVIO, BEATRIZ E. 14545 J Military Trail # 254 DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="font-size: 2em; transform: rotate(-15deg); opacity: 0.5;">B 10/18/06</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400080787494 10/12/06--01068--036 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="font-size: 1.5em; transform: rotate(-15deg); opacity: 0.5;">STATEMENT OF</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 10/09/06 954-234-1530 <small>Date Daytime Phone #</small>	