

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000103182

1. Entity Name
BCV INVESTMENTS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 17 PM 4:34

Principal Place of Business
3273 LAKE WORTH RD
G
LAKE WORTH, FL 33461

Mailing Address
3273 LAKE WORTH RD
G
LAKE WORTH, FL 33461

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12152004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1050399

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLANCO, OLEGARIO
625 ISLAND SHORES
W PALM BEACH, FL 33413

7. Name and Address of New Registered Agent

Name
BLANCO, OLEGARIO

Street Address (P.O. Box Number is Not Acceptable)

533 ISLAND SHORES

City
WEST PALM BEACH

FL

Zip Code
33413

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/15/2004

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BLANCO, OLEARIO
625 ISLAND SHORES
WEST PALM BEACH, FL 33413 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MONTALVO, PETER A
1447 HOLIDAY AVE
WEST PALM BEACH, FL 33413 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P, VP, S, T, D
BLANCO, OLEGARIO
533 ISLAND SHORES
WEST PALM BEACH, FL 33413 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/2004

Date

(561) 965-7962

Daytime Phone

12/17/04