

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90055 025 ***150.00

DOCUMENT # P01000062746

1. Entity Name
B.P. CAPITAL INVESTMENTS, INC.



Principal Place of Business
 19707 TURNBERRY WAY UNIT 27J
 AVENTURA FL 33180

Mailing Address
 19707 TURNBERRY WAY UNIT 27J
 AVENTURA FL 33180

50012826



1st MOORE CR2E034 (10/04)

2. Principal Place of Business
 20165 PORTO VITA WAY
 Suite, Apt. #, etc. 801

3. Mailing Address
 20165 PORTO VITA WAY
 Suite, Apt. #, etc. 801

City & State
 AVENTURA, FLA.

City & State
 AVENTURA, FLA.

Zip 33180 Country USA

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4. FEI Number **65-1117000**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PUDER, BERNARD
 19707 TURNBERRY WAY UNIT 27J
 AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name **SAME**

Street Address (P.O. Box Number is Not Acceptable)
 20165 PORTO VITA WAY
 UNIT 801

City **AVENTURA, FL** Zip Code **33180**

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 BERNARD PUDER *B. Puder* DATE 2/4/05

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUDER, BERNARD 19707 TURNBERRY WAY APT. 27J AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PUDER, SANDRA 19707 TURNBERRY WAY APT. 27J AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20165 PORTO VITA WAY - UNIT 801 AVENTURA, FLA. 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 20165 PORTO VITA WAY - UNIT 801 AVENTURA, FLA. 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> 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: B. Puder - BERNARD PUDER *B. Puder* DATE 2/4/05 DAYTIME PHONE # 305-935-2368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR