

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

3. Mailing Address

20165 PORTO VITA WAY

Suite, Apt. #, etc.

801

Suite, Apt. #, etc.

801

City & State

AVENTURA, FLA.

City & State

AVENTURA, FLA.

Zip

33180

Country

USA

Zip

33180

Country

USA

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

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

(NOTE: Registered Agent signature required when reinstating)

2/4/05

DATE

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	20165 PORTO VITA WAY - UNIT 801
CITY-ST-ZIP	AVENTURA, FLA. 33180
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	20165 PORTO VITA WAY - UNIT 801
CITY-ST-ZIP	AVENTURA, FLA. 33180
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: BERNARD PUDER - BERNARD PUDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/05

Date

305-935-2368

Daytime Phone #