


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90253 050 ***150.00

DOCUMENT # P01000064201					
1. Entity Name B C INTERNATIONAL COMMUNICATIONS INC.					
Principal Place of Business 11455 SOUTH ORANGE BLOSSOM TRAIL SUITE 15 ORLANDO, FL 32837			Mailing Address 11455 SOUTH ORANGE BLOSSOM TRAIL SUITE 15 ORLANDO, FL 32837		
2. Principal Place of Business - No P.O. Box # 7901 Kings Point Hwy.		3. Mailing Address 3			
Suite, Apt. #, etc. 3		Suite, Apt. #, etc.			
City & State Orlando, FL		City & State		4. FEI Number 59-3727469	
Zip 32837		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAAMANO, LUIS 11455 S OBT STE 15 ORLANDO, FL 32837			7. Name and Address of New Registered Agent Name Luis CAAMANO Street Address (P.O. Box Number is Not Acceptable) 7901 Kings Point Hwy. Suite # 3 City Orlando FL Zip Code 32837		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CAAMANO, LUIS 11455 SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32837 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LUIS CAAMANO 7901 Kings Point Hwy. STE 03 Orlando, FL 32819 <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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-08

Date

407 2260244

Daytime Phone #