2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Jan 28, 2004 08:00 AM DOCUMENT # P01000100533 **Secretary of State** 1. Entity Name BUILDING INFORMATION SERVICES, INC. Principal Place of Business Mailing Address 1831 SABAL PALM DRIVE, #306 1831 SABAL PALM DRIVE, #306 **DAVIE FL 33324** DAVIE FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite. Apt, #, etc. CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 65-1148342 Not Applicable Zιp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** Zio Code City 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 agont and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change **PSTD** Addition TITLE Delete THIE HIPPARD, RALPH M NAME U00000018903 01/29/04-80006-005 150.00 NAME STREET ADDRESS 1831 SABAL PALM DRIVE, #306 STREET ADDRESS CITY-ST-78P CITY - ST - ZIP **DAVIE FL 33324** Change TITLE ☐ Delete BRE ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CATY - ST- ZIP CITY-ST-ZIP TITLE ☐ Change Addition 73787 ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CETY-ST-ZEP CITY-ST-ZIP THILE Delete TITLE ☐ Change Addition NAME \$163.6F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TETLE ☐ Delete BILE Change | Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 cath, 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: RHAM M, HAPPHO 1-23-04 954-4744-225

**FILED** 

RHUPH M. HUPPHOO 1-23-04 954-424-225