

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

02-24-2004 90005 035 ***150.00

DOCUMENT # P02000002719 1. Entity Name B.C. HOLDINGS OF SOUTH FLORIDA, INC.					
Principal Place of Business 2100 PONCE DE LEON BLVD, SUITE 600 CORAL GABLES, FL 33134			Mailing Address 2100 PONCE DE LEON BLVD, SUITE 600 CORAL GABLES, FL 33134		
2. Principal Place of Business 7925 NW 12 ST Suite, Apt. #, etc. SUITE 407 City & State MIAMI FL Zip 33126		3. Mailing Address 7925 NW 12 ST Suite, Apt. #, etc. SUITE 407 City & State MIAMI FL Zip 33126		66407810 	
4. FEI Number 65-1212947				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02102004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent TAX MANAGEMENT SERVICES CORP 7925 NW 12TH STREET SUITE 318 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name TAX MANAGEMENT SERVICES CORP Street Address (P.O. Box Number is Not Acceptable) 7925 NW 12 ST SUITE 407 City MIAMI FL Zip Code 33126		
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CARDONA, CARMEN 7925 NW 12 STREET, SUITE 318 MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARDONA, BEATRIZ E 2100 PONCE DE LEON BLVD, SUITE 600 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-18-04		305 989 2579	