

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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 USA
33126

3. Mailing Address
7925 NW 12 ST
Suite, Apt. #, etc.
SUITE 407

City & State
MIAMI FL

Zip USA
33126

02102004 Chg-P CR2E034 (10/03)

66407810



4. FEI Number
65-1212947

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TAX MANAGEMENT SERVICES CORP
7925 NW 12TH STREET
SUITE 318
MIAMI, FL 33126

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

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

(NOTE: Registered Agent signature required when remitting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$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	PST CARDONA, CARMEN 7925 NW 12 STREET, SUITE 318 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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
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Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-04

305 989 2575

Date

Daytime Phone #