2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State
03-23-2005 90037 005 ***150.00

DOCUMENT # P02000002719

1. Entity Name
B.C. HOLDINGS OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
7925 NW 12 ST., STE 407 MIAMI, FL 33126	7925 NW 12 ST., STE 407 MIAMI, FL 33126

01062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
7955 N.W. 12TH STREET	7955 N.W. 12TH STREET
Suite, Apt. #, etc.: SUITE 400	Suite, Apt. #, etc.: SUITE 400
City & State: DORAL, FL	City & State: DORAL, FL
Zip: 33126 Country: USA	Zip: 33126 Country: USA

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	7. Name and Address of New Registered Agent
TAX MANAGEMENT SERVICES CORP 7925 NW 12TH STREET MIAMI, FL 33126	Name: TAX-MANAGEMENT- SERVICES CORP Street Address (P.O. Box Number is Not Acceptable): 7955 N.W. 12TH STREET SUITE 400 City: DORAL 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 Florica. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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, MARTHA C 7925 NW 12 ST., STE 407 MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT MARTHA C. CARDONA 7955 N.W. 12TH STREET, SUITE 400 DORAL, FL 33126	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARDONA, BEATRIZ E 2100 PONCE DE LEON BLVD, SUITE 600 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEATRIZ E. CARDONA 7955 N.W. 12TH STREET, SUITE 400 DORAL, FL 33126	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VICTOR VIVAS 7955 N.W. 12TH STREET, SUITE 400 DORAL, FL 33126	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: _____ 01/06/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #