


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90138 039 ***158.75

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| DOCUMENT # P02000002719 |  |
| 1. Entity Name B.C. HOLDINGS OF SOUTH FLORIDA, INC. | |

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| Principal Place of Business 7955 NW 12TH STREET SUITE 400 DORAL, FL 33126 | Mailing Address 7955 NW 12TH STREET SUITE 400 DORAL, FL 33126 |
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| 2. Principal Place of Business - No P.O. Box # 15261 SW 168 TER Suite, Apt. #, etc. | 3. Mailing Address 15261 SW 168 TER Suite, Apt. #, etc. |
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| City & State MIAMI FLORIDA Zip 33187 Country USA | City & State MIAMI FLORIDA Zip 33187 Country USA |
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03272007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 65-1212947 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent TAX MANAGEMENT SERVICES CORP 7955 NW 12TH STREET SUITE 400 DORAL, FL 33126 |
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| 7. Name and Address of New Registered Agent Name VICTOR VIVAS Street Address (P.O. Box Number is Not Acceptable) 15261 SW 168 TER City MIAMI FL Zip Code 33187 |
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| 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 <u>[Signature]</u> Victor H. Vivas Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE 3-28-07 |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT CARDONA, MARTHA C 7955 NW 12TH STREET SUITE 400 DORAL, FL 33126 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARDONA, BEATRIZ E 7955 NW 12TH STREET SUITE 400 DORAL, FL 33126 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S VIVAS, VICTOR 7955 NW 12TH STREET SUITE 400 DORAL, FL 33126 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D YUSTI, EDUARDO 7955 NW 12TH STREET SUITE 400 DORAL, FL 33126 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| 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"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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"/> Change <input type="checkbox"/> Addition |

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.

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| SIGNATURE: <u>[Signature]</u> Victor H. Vivas SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | 3-28-07 Date | 786 486 2315 Daytime Phone # |
|---|-----------------|---------------------------------|