20	007 FOR PROF			ION	_	FILI	ED	
DOCUMENT # P0200008554 1. Entity Namo BPC INTERNATIONAL, INC.					Mar 02, 2007 08:00 Secretary of State			
Principal Place of Business POST OFFICE BOX 692078 ORLANDO FL 32869-2078		Mailing Addross POST OFFICE BOX 692078 ORLANDO FL 32869-2078						
2. Principal Placo of Business - No P.O. Box #		3. Mailing Address			1			
Suite, Apt. #, otc		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/06)				
City & Stato		City & State			4. FEI Num	⁰⁰⁷ 03-0374611	Applied For Not Applicab	
Zip	Country	Zip	Coun	try	5. Certificat		.75 Additional	
	6. Name and Address of Current	Registered Agent		NI	7. Name an	d Address of New Registered Age		
BADALOO, DELICIA				Name	(P.O. Box Number is Not Acceptable)			
	00 FERNLEAF DRIVE LANDO FL 32836				F,O. DOX NUIT			_
				City		FL	Zip Code	
	a namod entity submits this statement fo	the purpose of changing its	rogistoro	od office or register	ed agent, or b	<u> </u>	iliar with, and accep	 วเ
the obliga	lions of registered agont.							
SIGNATURE	Signature, typed or printed name of registered agent a	and tile i ^r applicable. (NOTE	: Registered	d Agent signature required	when reinstating}	DATE		
After	ILE NOWIII FEE IS \$150.00 May 1, 2007 Fee Will Be \$550.00 k Payable to Florida Department of					9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Bo Added to Fees	
10. IITLE	RTO		11. HILE		ADDITIONS	CHANGES TO OFFICERS AND DI	RECTORS IN 11 Change Additio	on l
NAME STREET ADDRESS CITY-ST-71P	BADALOO, DELICIA POST OFFICE BOX 692078 ORLANDO FL 32869-2078		NAME				- —	
HTLE NAME STREELADDRESS CHY+SL-ZIP	VSD BADALOO, MOONISH POST OFFICE BOX 692078 ORLANDO FL 32869-2078	Delete				Ē	Change 🗌 Additio	nx
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete					Change 🗌 Additio	nk
TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗆 Deleie					Change 🗌 Addilio	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete					Change 🗌 Addihoi	ß
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Defete		T ADDRESS ST-ZIP			Change 🛄 Addition	n
indicated of the cor if change	certify that the information supplied with on this report or supplemental report is poration or the receivor or trustee emp d. or on an attachment with an address	true and accurate and that m owered to execute this report	y signati as requi	ure shall have the s	ame legal effe	ct as if made under oath; that I am a	n officer or director	
SIGNAT		NINTED NAME OF SIGNING OFFICER O		OR		Date Davim	Phone #	