## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 28, 2004 8:00 am Secretary of State DOCUMENT # P02000019764 04-28-2004 90227 021 \*\*\*150.00 1. Entity Name BCN INVESTMENTS GROUP, INC. Principal Place of Business Mailing Address 14010630 7150 SW 12TH STREET 7150 SW 12TH STREET MIAMI, FL 33144 MIAMI, FL 33144 Mailing Address 9342 NW 2. Principal Place of Business 9342 NW Suite, Apt. #, etc. Suite, Apt. #, etc. 04232004 Chq-P CR2E034 (10/03) City & State 4. FEI Number Applied For 02-0556555 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCCOY, DOMINGO A 7150 SW 12 ST MIAMI, FL 33144 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Dolete TITLE Change Addition Mccoy, Domingo A. 9342 NW 121 474 Hialeah MCCOY, DOMINGO A NAME NAME 800 WEST AVE # 409 STREET ADDRESS STREET ADDRESS FL 33018 . CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP Junco, Alejandro 4 , 1 ☐ Delete TITLE TITLE Change ☐ Addition NAME JUNCO, ALEJANDRO NAME 9342 NW 12/TH STREET ADDRESS 800 WEST AVE #409 STREET ADDRESS CITY-ST-7IP MIAMI BEACH, FL 33139 CITY-ST-7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Dalete TITLE ☐ Addition NAME NAME \$ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Date

Daytime Phone #

FILED