2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jun 06, 2005 08:00 AM **Secretary of State DOCUMENT # P02000019764** 1. Entity Name BCN INVESTMENTS GROUP, INC. Mailing Address Principal Place of Business 9342 NW 121 TH 9342 NW 121 TH HIALEAH GARDENS, FL 33018 HIALEAH GARDENS, FL 33018 06022005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 02-0556555 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCCOY, DOMINGO A DO NOT WRITE 9342 NW 121 TH HIALEAH GARDENS, FL 33018 IN THIS SPACE 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. U00000369047 06/06/05-80003-019 150.00 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when roinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 10. OFFICERS AND DIRECTORS TITLE NAME MCCOY, DOMINGO A STREET ADDRESS 9342 NW 121 TH CITY-ST-ZIP HIALEAH GARDENS, FL 33018 TITLE JUNCO, ALEJANDRO NAME STREET ADDRESS 9342 NW 121 TH CITY-ST-ZIP HIALEAH GARDENS, FL 33018 नसार NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

FILED