


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90319 006 ***150.00

DOCUMENT # P02000045250 1. Entity Name B&S CONSULTING ENTERPRISES, INC.	
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Principal Place of Business 3720 CORAL SPRINGS DRIVE CORAL SPRINGS, FL 33065	Mailing Address 3720 CORAL SPRINGS DRIVE CORAL SPRINGS, FL 33065
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94050195

2. Principal Place of Business 1439 Capri Lane Suite, Apt. #, etc. 5701	3. Mailing Address 1439 Capri Lane Suite, Apt. #, etc. 5701
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City & State Weston FL	City & State Weston FL
Zip 33326	Country USA
Zip 33326	Country USA



02272004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent MONTES, SHELLY P 3720 CORAL SPRINGS DR. CORAL SPRINGS, FL 33065	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1439 Capri Lane # 5701 City Weston FL Zip Code 33326
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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: *Shelly P. Montes* DATE: 2/27/04

Signature of or elected name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MONTES, SHELLY P 3720 CORAL SPRINGS DRIVE CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1439 Capri Lane # 5701 Weston, FL 33326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: *Shelly P. Montes* DATE: 2/27/04 DAYTIME PHONE: 954-294-6812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR