2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

SIGNATURE:

## May 03, 2005 8:00 am Secretary of State DOCUMENT # P02000089194 1. Entity Name 05-03-2005 90097 014 \*\*\*150.00 B.S.T., INC. Mailing Address Principal Place of Business 200104-C/O CHOPIN & MILLER 505 S FLAGLER DR, STE 300 WEST PALM BEACH FL 33401 C/O CHOPIN & MILLER 505 S FLAGLER DR, STE 300 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address ONE N. CLEMATIS <u> P.O. BOX 4297</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 51-0421430 WEST PAUM BEACH WEST PAUM BEACH, 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 L. FRANK CHOPIN, ESQUIRE Street Address (P.O. Box Number is Not Acceptable) **CHOPIN & MILLER** STREET ONE N. CLEMATIS 505 S FLAGLER DR, STE 300 WEST PALM BEACH FL 33401 BEACH WEST 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSTD** Delete TITLE Change ☐ Addition CHOPIN, L. FRANK NAME NAME ONE N. CLEMATIS STREET 504 S. FLAGLER DRIVE, SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 w

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