


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90176 046 \*\*\*150.00

<b>DOCUMENT # P02000099822</b> 1. Entity Name BUSINESS CONSULTANT GROUP CORP.	
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Principal Place of Business 11440 N KENDALL DR #108 MIAMI, FL 33176	Mailing Address 11440 N KENDALL DR #108 MIAMI, FL 33176
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01122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 22-3875166	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  FEIDELMAN, STEPHEN M 1940 HARRISON STREET SUITE 300 HOLLYWOOD, FL 33020
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**DO NOT WRITE  
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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, PABLO A 10605 73RD TERRACE MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOPEZ, EDUARDO 7705 CAMINO REAL APT B418 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOPEZ, MARIA C 11815 SW 91ST TERRACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**NEW ADDRESS**

**BUSINESS CONSULTANT  
GROUP, CORP.**

10605 S.W. 73RD TER  
MIAMI, FL 33173  
(305) 630-9700

*Pablo A. Lopez, Pres*

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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:** *Pablo A. Lopez* **PABLO A. LOPEZ PRES** *04-25-04* *(305) 630-9700*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #