2605 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000104206

1. Entity Name

FILED Mar 16, 2005 08:00 AM Secretary of State

BGCS,	INC,					
P O BOX	Place of Business 11625 RDALE, FL 33339	Mailing Address P 0 BOX 11625 FT LAUDERDALE, FL 33339				
			N	1		R2E034 (10/03)
DO NOT WRITE IN THIS SPACE			CE	FEI Number 22-3873269 Certificate of Status	s Desired 🔲	Applied For Not Applicable \$8.75 Additional Fee Required
- ·	6. Name and Address of Current	Registered Agent				1 eo Hedunod
MURILLO, IRAM 2101 NE 45 ST FT LAUDERDALE, FL 33308			DO NOT WRITE IN THIS SPACE			
8. The ab-	ove named entity submits this statement fo igations of registered agent.	r the purpose of changing its registe	red office or règis	stered agent, or both, in the	State of Florida.	I am familiar with, and accept
SIGNATUR	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Register	ed Agent signature requ	lired when reinstaling)	0.	ATE
F After	FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee will be \$550.0	9. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND	DIRECTORS			- 21	৯৯ চন্ট্ৰিটি কি প্ৰায়েছিল বি
title Name	P — MURILLO, IRAM			;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;		- 1997年 - 19

U00000264563 03/16/05-80019-017 150<u>.00</u> STREET ADDRESS P.O. BOX 11625 FT LAUDERDALE, FL 33339 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP ШT NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CMY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 under 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 without address. with all other like empowered.

SIGNATURE:

BATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

3/14/05 (754) 234 3997 Date Day Day Day Trong