


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90053 009 \*\*\*158.75

<b>DOCUMENT # P02000118847</b> 1. Entity Name <b>B.T. MANAGEMENT, INC.</b>	
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Principal Place of Business <b>3000 LE BATEAU DRIVE PALM SPRINGS GARDENS, FL 33410</b>	Mailing Address <b>% IVAN A. GOMEZ, P.A. 601 BRICKELL KEY DRIVE, SUITE 507 MIAMI, FL 33131</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01112005 Chg-P CR2E034 (10/03)

4. FEI Number <b>51-0447427</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**IAG CORPORATE SERVICES, INC.  
601 BRICKELL KEY DRIVE  
SUITE 507  
MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D <input type="checkbox"/> Delete <b>MAZER, SAMUEL R</b>	
NAME	<b>3000 LE BATEAU DRIVE</b>	
STREET ADDRESS	<b>PALM SPRINGS GARDENS, FL 33410</b>	
CITY-ST-ZIP		

TITLE	D <input type="checkbox"/> Delete <b>MAZER, THELMA</b>	
NAME	<b>3000 LE BATEAU DRIVE</b>	
STREET ADDRESS	<b>PALM SPRINGS GARDENS, FL 33410</b>	
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Samuel R. Mazer, President *Samuel R. Mazer* 4/9/05 (305) 371-9213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #