


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT,**

**FILED  
Mar 12, 2007 08:00 AM  
Secretary of State**

DOCUMENT # P02000118847  
1. Entity Name  
B.T. MANAGEMENT, INC.



Principal Place of Business  
3000 LE BATEAU DRIVE  
PALM SPRINGS GARDENS, FL 33410

Mailing Address  
% IVAN A. GOMEZ, P.A.  
601 BRICKELL KEY DRIVE, SUITE 507  
MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**



02102007 No Chg-P CR2E034 (11/05)

4. FEI Number  
51-0447427

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
IAG CORPORATE SERVICES, INC.  
601 BRICKELL KEY DRIVE  
SUITE 507  
MIAMI, FL 33131

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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.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZER, SAMUEL R 3000 LE BATEAU DRIVE PALM SPRINGS GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZER, THELMA 3000 LE BATEAU DRIVE PALM SPRINGS GARDENS, FL 33410
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03/22/07-80036-008 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Date: (305) 371-9213  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #  
Samuel R. Mazer, Director