

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2004 8:00 am
Secretary of State

05-28-2004 90005 044 ***150.00

DOCUMENT # P03000004126

1. Entity Name
B.C.S CORPORATION, INC



Principal Place of Business
**9244 W ATLANTIC BLVD
1223
CORAL SPRING, FL 33061**

Mailing Address
**9244 W ATLANTIC BLVD
1223
CORAL SPRING, FL 33061**

14023044



2. Principal Place of Business
9244 W ATLANTIC BLVD

3. Mailing Address
9244 WEST ATLANTIC BLVD

Suite, Apt. #, etc.
1223

City & State
CORAL SPRINGS - FL

Zip
33071

Country
BROWARD

04272004 Chg-P CR2E034 (10/03)

4. FEI Number
51-0453832

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

6. Name and Address of Current Registered Agent
**RAMOS, ASDRUBAL R
2470 NW 102 PLACE
104
MIAMI, FL 33172**

7. Name and Address of New Registered Agent
Name **AURA BOSCAN**
Street Address (P.O. Box Number is Not Acceptable)
9244 W. ATLANTIC BLVD SUITE 1223
City **CORAL SPRINGS** FL Zip Code **33071**

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 **AURA BOSCAN** DATE **05-24-04**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOSCAN, AURA L SR 9244 W ATLANTIC BLVD 1223 CORAL SPRING, FL 33061 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATTIELO, ELIZABETH 9244 W ATLANTIC BLVD 1223 CORAL SPRING, FL 33061 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSCAN, LARRY D 9244 W ATLANTIC BLVD 1223 CORAL SPRING, FL 33061 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSCAN, LUIS 9244 W ATLANTIC BLVD 1223 CORAL SPRING, FL 33061 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVEROS, ENDER SR 9244 W ATLANTIC BLVD 1223 CORAL SPRING, FL 33061 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALAS, CLEOTILDE 9244 W ATLANTIC BLVD 1223 CORAL SPRING, FL 33061 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **AURA BOSCAN** DATE **05/24/04** DAYTIME PHONE # **954/575 9217**

Attachment



14023044
P03000004126

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 27, 2004

B.C.S CORPORATION, INC
9244 W ATLANTIC BLVD
1223
CORAL SPRING, FL 33071

SUBJECT: B.C.S CORPORATION, INC
Ref. Number: P03000004126

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office **both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.**

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton
Document Specialist

Letter Number: 504A00027990