2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR) -

## May 10, 2004 8:00 am Secretary of State DOCUMENT # P03000007271 03-04-2004 90017 034 \*\*\*150.00 1. Entity Name BJ'S SERVICES, INC. Principal Place of Business Mailing Address C.0 VIRGINIA CAMPANA 3700 N.W. SZND AVE., #108 VIRGINIA GARDENS FL 33166 66420226 3101 NW 16TH TERRACE POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address 5473 从W Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E034 (11/03) 4. FEI Number City & State City & State Applied For IAMI Not Applicable Zip Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 33 / 66 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IBARRA, JORGE A -Street Address (P.O. Box Number is Not Acceptable) 3101 NW 16TH TERRACE POMPANO BEACH FL 33064 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE'IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State. Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **€** Thance me □ Delete TITLE Addition IBARKA, JORGE A. IBARRA, JORGE A. NAME 5473 N.W. 72 ND AVE. 3700 N.W. 62ND AVENUE, #108 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIP MIAMI, EL 33166 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change · Addition NAME JAMES T STREET ADDRESS STREET ANDRESS CITY ST 21P #. CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME MANER STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 cett; 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. E OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

**FILED**