

DR. GAULIN,

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90041 041 ***150.00

DOCUMENT # P03000017209			
1. Entity Name BSJ GROUP, INC.			
Principal Place of Business 623 W ATLANTIC BLVD #6233 POMPANO BCH, FL 33060		Mailing Address 623 W ATLANTIC BLVD #6233 POMPANO BCH, FL 33060	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 14 1870973		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$0.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STARANG, ROBERT 1535 SE BALLENTREBE CT PORT ST LUCIE, FL 34952		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 _____ Signature, typed or printed name of registered agent and title if applicable		DATE _____ (NOTE: Registered Agent signature required when resigning)	
FILE NOW!!! FEE IS \$150.00. After May 1, 2004 Fee will be \$850.00		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-STATE-ZIP	D STARANG, ROBERT 1535 SE BALLENTREBE CT233 PORT ST LUCIE, FL 34952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GIBBON, SHELBY 23024 FANDALFOOT SQ BOCA RATON, FL 33428 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D COMO, JACK 250 DUROCHER OTTAWA ONTARIO, CA K1R3W4 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ 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: <i>[Signature]</i>		SIGNATURE: <i>[Signature]</i>	
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

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