

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90032 010 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                             |                                                                                     |                                                                                       |                                                                                                                                                                                                                                           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000018096</b><br>1. Entity Name<br><b>BDN VENTURES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             |                                                                                     |                                                                                       |                                                                                                                                                                                                                                           |  |
| Principal Place of Business<br><b>117 W UNDERWOOD ST<br/>ORLANDO, FL 32806</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                                                                                     | Mailing Address<br><b>117 W UNDERWOOD ST<br/>ORLANDO, FL 32806</b>                    |                                                                                                                                                                                                                                           |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                                                                                     | 3. Mailing Address                                                                    |                                                                                                                                                                                                                                           |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             |                                                                                     | Suite, Apt. #, etc.                                                                   |                                                                                                                                                                                                                                           |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                             |                                                                                     | City & State                                                                          |                                                                                                                                                                                                                                           |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             | Country                                                                             |                                                                                       | Zip                                                                                                                                                                                                                                       |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                             | Country                                                                             |                                                                                       | 4. FEI Number<br><b>510451206</b>                                                                                                                                                                                                         |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                             |                                                                                     |                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                    |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DOYLE, PATRICK W<br/>800 W. MORSE BLVD STE 1<br/>WINTER PARK, FL 32789</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             |                                                                                     |                                                                                       | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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.<br><br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>                                                                                                                                                                                                                          |                                                             |                                                                                     |                                                                                       |                                                                                                                                                                                                                                           |  |
| <b>FILE NOW!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                       | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                                                                                    |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                             |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                          |                                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D NUNEZ, BORIS D<br>117 W UNDERWOOD ST<br>ORLANDO, FL 32806 |                                                                                     | <input type="checkbox"/> Delete                                                       |                                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                             |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |                                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                             |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |                                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                             |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |                                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                             |                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |                                                                                                                                                                                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                             |                                                                                     | <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 full other like empowered. |                                                             |                                                                                     |                                                                                       |                                                                                                                                                                                                                                           |  |
| <b>SIGNATURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             |                                                                                     | <b>Boris D Nunez</b>                                                                  |                                                                                                                                                                                                                                           |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                             |                                                                                     | <small>Date</small> <b>2-24-04</b> <small>Daytime Phone #</small> <b>407-839-3051</b> |                                                                                                                                                                                                                                           |  |