

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90046 011 ***150.00

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1. Entity Name
BPA CREDIT CORP.



Principal Place of Business
**500 W CYPRESS CREEK RD
STE 230
FORT LAUDERDLE, FL 33309 US**

Mailing Address
**500 W CYPRESS CREEK RD
STE 230
FORT LAUDERDLE, FL 33309 US**

50032440

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **STE 320**

Suite, Apt. #, etc. **STE 320**

03282005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
16-1657871

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name **Scott C. Calahan**
Street Address (P.O. Box Number is Not Acceptable)
**500 W Cypress Creek Road
STE 320**
City **Fort Lauderdale** FL Zip Code **33309**

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 **Scott C. Calahan** **3-28-05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 ☐ Delete
NAME **D**
STREET ADDRESS **CALAHAN, SCOTT C**
CITY-ST-ZIP **500 W CYPRESS CREEK RD, STE 230
FORT LAUDERDLE, FL 33309**

TITLE ☒ Change ☐ Addition
NAME **STE 320**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CALAHAN, LINDA B**
CITY-ST-ZIP **500 W CYPRESS CREEK RD, STE 230
FORT LAUDERDLE, FL 33309**

TITLE ☒ Change ☐ Addition
NAME **STE 320**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SIM, SUE E**
CITY-ST-ZIP **500 W CYPRESS CREEK RD, STE 230
FORT LAUDERDLE, FL 33309**

TITLE ☒ Change ☐ Addition
NAME **STE 320**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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: **Sue Sim** **3-28-05** **954-938-3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #