

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000030590



1. Entity Name
B & S SERVICES, INC.

Principal Place of Business
435 CANAL POINT S, UNIT 240
DELRAY BEACH, FL 33444

Mailing Address
435 CANAL POINT S, UNIT 240
DELRAY BEACH, FL 33444

2. Principal Place of Business
2300 FLORIDA BLVD

3. Mailing Address
2300 FLORIDA BLVD

Suite, Apt. #, etc.

SUITE D

Suite, Apt. #, etc.

SUITE D

City & State
DELRAY BEACH, FL

City & State
DELRAY BEACH, FL

Zip **33483** Country **USA**

Zip **33483**

Country **USA**

6. Name and Address of Current Registered Agent

NOFIL INVESTMENTS, INC.
5544 NW 23RD AVE, HANGER 15
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name **BLAZO PECEV**

Street Address (P.O. Box Number is Not Acceptable)

2300 FLORIDA BLVD

SUITE D

City **DELRAY BEACH** FL Zip Code **33483**

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 Blazo Pecev

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3/16/04

**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 | PTS PECEV, BLAZO 435 CANAL POINT S, UNIT 240 DELRAY BEACH, FL 33444 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 2300 FLORIDA BLVD SUITE D DELRAY BEACH, FL 33483 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <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 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <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: Blazo Pecev

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/04 561-330-7528

Date

Daytime Phone #

**FILED
Mar 19, 2004 8:00 am
Secretary of State**

03-19-2004 90056 029 ***150.00

JUWATIN

