
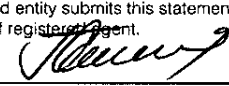
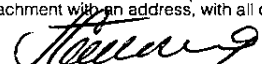


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-19-2004 90056 029 ***150.00

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		4. FEI Number 45-0506638	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
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 X  3/16/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PECEV, BLAZO		NAME	2300 FLORIDA BLVD SUITE D	
STREET ADDRESS	435 CANAL POINT S, UNIT 240		STREET ADDRESS	DELRAY BEACH, FL 33483	
CITY-ST-ZIP	DELRAY BEACH, FL 33444		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/16/04 561-330-7528 <small>Date Daytime Phone #</small>		