## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069944

Entity Name: BAY AREA RESIDENTIAL CONSULTANTS, INC.

FILED May 08, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12014 PENNFIELD PL 780 W. LUMSDEN RD RIVERVIEW, FL 33569 SUITE A

BRANDON, FL 33511

Current Mailing Address: New Mailing Address:

12014 PENNFIELD PL
RIVERVIEW, FL 33569

12014 PENNFIELD PLACE
RIVERVIEW, FL 33569

FEI Number: 20-0062859 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VEGA, SANDRA VEGA, SANDRA M 12014 PENNFIELD PL 12014 PENNFIELD PLACE RIVERVIEW, FL 33569 RIVERVIEW, FL 33569

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.

SIGNATURE: SANDRA M. VEGA 05/08/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: VEGA, ALFREDO A VEGA, ALFREDO A

Address: 12014 PENNFIELD PL
City-St-Zip: RIVERVIEW, FL 33569

Address: 12014 PENNFIELD PLACE
City-St-Zip: RIVERVIEW, FL 33569

Title: SD () Delete Title: SD (X) Change () Addition Name: VEGA, SANDRA Name: VEGA, SANDRA M

Name:VEGA, SANDRAName:VEGA, SANDRA MAddress:12014 PENNFIELD PLAddress:12014 PENNFIELD PLACECity-St-Zip:RIVERVIEW, FL 33569City-St-Zip:RIVERVIEW, FL 33569

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFREDO A. VEGA PD 05/08/2004