


**FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

5/6

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

05-06-2004 90182 013 \*\*\*150.00

<b>DOCUMENT # P03000071750</b> 1. Entity Name <b>BUSINESS SOLUTIONS CAPITAL CORP.</b>	
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Principal Place of Business <b>11300 SW 13 STREET #204          PEMBROKE PINES, FL 33025</b>	Mailing Address <b>11300 SW 13 STREET #204          PEMBROKE PINES, FL 33025</b>
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66427854



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02282004 Chg-P CR2E034 (10/03)

4. FEI Number <b>54-2115642</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b> <b>VILLARREAL, HENRY J</b> <b>11300 SW 13 STREET #204</b> <b>PEMBROKE PINES, FL 33025</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete VILLARREAL, HENRY J	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11300 SW 13 STREET #204	NAME	
STREET ADDRESS	PEMBROKE PINES, FL 33025	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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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: \_\_\_\_\_ Date: **2/28/04** Daytime Phone #: **954-255-7332**