

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91025 010 \*\*\*150.00

<b>DOCUMENT # P03000099341</b> 1. Entity Name <b>BUSINESS CENTER SOLUTION, CORP</b>					
Principal Place of Business <b>1610 COLLINS AVE</b> <b>#1</b> <b>MIAMI, FL 33139</b>			Mailing Address <b>1610 COLLINS AVE</b> <b>#1</b> <b>MIAMI, FL 33139</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>1610 Collins Ave</b>  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State <b>Miami Beach, FL</b> Zip      Country <b>33139      USA</b>		4. FEI Number <b>20-0223107</b> <div style="float: right;"> <input checked="" type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04292004    Chg-P    CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>QUINTANA, THAIRY</b> <b>1810 COLLINS AVE</b> <b>#2</b> <b>MIAMI, FL 33139</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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 resigning)      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 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARTINEZ, LESMA</b> <b>1810 COLLINS AVE #1</b> <b>MIAMI, FL 33139</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>	
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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.					
<b>SIGNATURE:</b> <u>Lesma Martinez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;"> <small>Date</small>      <small>Daytime Phone #</small> </div>					

**66424484**

