## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000110390

Entity Name: BPA SERVICES, INC

Name:

Address:

City-St-Zip:

ABEMAR, BELTRAN

MIAMI, FL 33178

10761 NW 52 STREET

FILED Apr 27, 2007 Secretary of State

Entity Nan	ne: BPAS	ERVICES, INC.			
Current Principal Place of Business:			New Principal Pi	New Principal Place of Business:	
201 ALHAMBRA CIR STE 711 CORAL GABLES, FL 33134			1001 BRICKELL E SUITE 3104 MIAMI, FL 33131		
Current Ma	ailing Add	ress:	New Mailing Add	New Mailing Address:	
1001 BRIC 3104		DR.			
MIAMI, FL			FFI November New Arrests of the	Outline to a figure During (1)	
FEI Number:	56-2403398	FEI Number Applied For ( )	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and	Address o	of Current Registered Agent:	Name and Addre	Name and Address of New Registered Agent:	
RAPPORT 201 ALHAN CORAL GA	BRA CIR	STE 711	1001 BRICKELL E SUITE 3104	PB&LQ FINANCIAL CONSULTING 1001 BRICKELL BAY DR SUITE 3104 MIAMI, FL 33131 US	
The above in the State		ity submits this statement for the p	ourpose of changing its regis	stered office or registered agent, or both,	
SIGNATUR	RE: NAEM	AR BELTRAN		04/27/2007	
	Elect	ronic Signature of Registered Age	ent	Date	
Election Can	npaign Finan	cing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CH#	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD MEDINA, YU 2501 BRICH MIAMI, FL	KELL AV APT 303	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DR NAEMAR, B 1001 BRICH MIAMI, FL	(ELL BAY DR # 3104	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	DR	( ) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SIGNATURE: NAEMAR BELTRAN DR 04/27/2007