
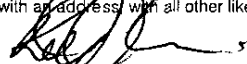


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90041 017 ***150.00

DOCUMENT # P03000147224 1. Entity Name BULK TRANSFER SYSTEMS, INC.			
Principal Place of Business 5240 NW 94 TERRACE SUNRISE, FL 33351		Mailing Address 842 ROYAL PALM BCH BLVD ROYAL PALM BCH, FL 33411	
2. Principal Place of Business 14923 64TH CT. N.		3. Mailing Address 14923 64TH CT. N.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LOXAHATCHEE, FL		City & State LOXAHATCHEE, FL	
Zip 33470		Zip 33470	
Country		Country	
4. FEI Number 20-0471401		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SINGH, MARILYN 842 ROYAL PALM BCH BLVD ROYAL PALM BCH, FL 33411		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 NAME STREET ADDRESS CITY-ST-ZIP	DPVS JOHNSON, ROCKWELL 5240 NW 94 TERRACE SUNRISE, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FEU BERTO JELEZ 1701 N. S. STREET LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, ROCKWELL 5240 NW 94 TERRACE SUNRISE, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Tommy GASKIN 5111 CARIBBEAN BLVD, APT 216 WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WILLIAM M. BUTLER 11857 MURCOTT BLVD LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	TITLE NAME STREET ADDRESS 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)(l), 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: 		ROCKWELL JOHNSON	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/11/04 Daytime Phone # 954-650-7597	

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