


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90176 011 \*\*\*150.00

<b>DOCUMENT # P04000003848</b>	
1. Entity Name <b>BSEE INCORPORATED</b>	

Principal Place of Business <b>4605 S.W 133RD CT MIAMI, FL 33175</b>	Mailing Address <b>4605 S.W 133RD CT MIAMI, FL 33175</b>
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2. Principal Place of Business <b>4709 NW 7 STREET</b>	3. Mailing Address <b>4709 NW 7 STREET</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>
Zip <b>33126</b>	Country <b>USA</b>
Zip <b>33126</b>	Country <b>USA</b>

	
02282005	Chg-P CR2E034 (10/03)
4. EEI Number <b>20-0569007</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>PAZ, BANELY 4605 S.W 133RD CT MIAMI, FL 33175</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	<b>4709 NW 7TH STREET</b>
City	<b>MIAMI FL</b>
Zip Code	<b>33126</b>

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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAZ, BANELY</b>	NAME	
STREET ADDRESS	<b>4605 S.W 133RD CT</b>	STREET ADDRESS	<b>4709 NW 7 STREET</b>
CITY-ST-ZIP	<b>MIAMI, FL 33175</b>	CITY-ST-ZIP	<b>MIAMI, FL 33126</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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: <b>Banely Paz</b>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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