


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90850 042 ***158.75

DOCUMENT # P06000074182 1. Entity Name BUSINESS PRODUCTS, INC.			
Principal Place of Business 2005 W. CYPRESS CREEK ROAD SUITE 104 FT. LAUDERDALE, FL 33309		Mailing Address 2005 W. CYPRESS CREEK ROAD SUITE 104 FT. LAUDERDALE, FL 33309	
2. Principal Place of Business - No P.O. Box # 1215 W. Newport Centre Dr		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Deerfield Beach		City & State	
Zip FL-33442		Country USA	
4. FEI Number 83-0459826		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 MEMON, NOOR 1215 W NEWPORT CTR DR DEERFIELD BEACH, FL 33442		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)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P MEMON, NOOR 2005 W. CYPRESS CREEK ROAD, SUITE 104 FT. LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____		4-27-07 954-418-8620	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	