2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May $0\overline{3}$, $\overline{2004}$ 8:00 am **Secretary of State** DOCUMENT # P94000028527 1. Entity Name 05-03-2004 90433 045 ***150.00 B & C CONSOLIDATED INDUSTRIES, INC. Principal Place of Business Mailing Address 1100 NW 54TH ST FT LAUDERDALE FL 33309 1100 NW 54TH ST FT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-0489935 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name-SCRUTON, LINDA : Street Address (P.O. Box Number is Not Acceptable) 370 NE 24 ST. **SUITE 2602 BOCA RATON FL 33431** Zip Code 35 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete Change ☐ Addition TITLE THE PATTERSON, BRUCE D NAME NAME 1100 NW 5TH ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP FT LAUDERDALE FL 33309 CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Change ☐ Addition DIFALCO, CHARLES E. NAME STREET ADDRESS 1100 NW 5TH ST STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33309 CITY-ST-ZIP ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. Thereby 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.

FILED

954-776-0590