

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000025910

FILED  
Jan 30, 2008  
Secretary of State

Entity Name: B.C.D. FLORIDA ELECTRONICS CORPORATION

**Current Principal Place of Business:**

2025 NW 102 AVE  
STE 110  
MIAMI, FL 33172 US

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD.  
SUITE 240  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 65-0581471      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PRATS, FERNANDEZ & CO.  
2121 PONCE DE LEON BLVD.  
SUITE 240  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTDS ( ) Delete  
Name: ROSANGELA, BUSTAMANTE  
Address: 2121 PONCE DE LEON BLVD. #240  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTDS (X) Change ( ) Addition  
Name: NUÑEZ, MARIKENA  
Address: 2121 PONCE DE LEON BLVD. #240  
City-St-Zip: CORAL GABLES, FL 33134

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.

SIGNATURE: MARIKENA NUÑEZ

PTDS

01/30/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date