

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000058088

Entity Name: BT SQUARE CONSULTANTS, INC.

FILED  
Feb 27, 2007  
Secretary of State

## Current Principal Place of Business:

1015 W NEWPORT CTR DR  
106  
DEERFIELD BEACH, FL 33442

## New Principal Place of Business:

## Current Mailing Address:

1015 W NEWPORT CIR DR  
105/106  
DEERFIELD BEACH, FL 33442

## New Mailing Address:

1015 W NEWPORT CIR DR  
106  
DEERFIELD BEACH, FL 33442

FEI Number: 65-0609280

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FONSECA, CELIO  
5507 N. MILITARY TRAIL # 411  
BOCA RATON, FL 33496 US

## Name and Address of New Registered Agent:

FONSECA, CELIO  
22359 SW 57TH CIR  
BOCA RATON, FL 33428 US

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:

02/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FONSECA, CELIO  
Address: 5507 N. MILITARY TRAIL # 411  
City-St-Zip: BOCA RATON, FL 33496 US

Title: VP (X) Delete  
Name: PIOVESAN, CLAUDIO  
Address: 5507 N. MILITARY TRAIL #411  
City-St-Zip: BOCA RATON, FL 33496 US

Title: T ( ) Delete  
Name: FONSECA, MAGALI  
Address: 5507 N. MILITARY TRAIL # 411  
City-St-Zip: BOCA RATON, FL 33496 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FONSECA, CELIO  
Address: 22359 SW 57TH CIR  
City-St-Zip: BOCA RATON, FL 33428 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: FONSECA, MAGALI  
Address: 33 E. CAMINO REAL APT 105  
City-St-Zip: BOCA RATON, FL 33432 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CELIO FONSECA

PRES

02/27/2007

Electronic Signature of Signing Officer or Director

Date