

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000058088

FILED
Mar 22, 2008
Secretary of State

Entity Name: BT SQUARE CONSULTANTS, INC.

Current Principal Place of Business:

1015 W NEWPORT CTR DR
106
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

1015 W NEWPORT CTR DR
106
DEERFIELD BEACH, FL 33442

Current Mailing Address:

1015 W NEWPORT CIR DR
106
DEERFIELD BEACH, FL 33442

New Mailing Address:

1015 W NEWPORT CTR 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
22359 SW 57TH CIR
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

FONSECA, CELIO
9793 ARBOR OAKS LANE # 206
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:

03/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FONSECA, CELIO
Address: 9793 ARBOR OAKS LANE # 206
City-St-Zip: BOCA RATON, FL 33428 US

Title: T (X) Change () Addition
Name: FONSECA, CELIO
Address: 9793 ARBOR OAKS LANE # 206
City-St-Zip: BOCA RATON, FL 33428 US

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: CELIO FONSECA

PRES

03/22/2008

Electronic Signature of Signing Officer or Director

Date